

**THE MONTHLY JOURNAL**  
**OF**  
**MEDICINE.**

---

VOL. II.

OCTOBER, 1823.

No. X.

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*Cases of severe Burn, with Dissections, and Remarks.* By  
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(From the Edinburgh Medical and Surgical Journal.)

It has occurred to me, that the following cases of burn are not unworthy of the attention of professional readers, as they tend to establish a point in the pathology of that injury, which may serve to explain its very frequent fatality, and perhaps to open interesting views respecting the action of powerful external stimulants on the cutaneous surface. I apprehend also, that the establishing of this point will naturally lead to a more free employment of depletion than has been hitherto had recourse to in such cases ; although I do not mean to assert, that the use of venesection has not been recommended in cases of burn, by some of the best writers who have treated of this subject.

My thoughts were first directed to the occurrence of internal inflammation in cases of burn, by the symptoms of high arterial action which I have often witnessed in such injuries, and more particularly by the appearances presented on dissection, in the case first detailed, which occurred to me in the year 1818. Since that period, I have endeavoured to confirm or refute the opinion which I then conceived ; and in all the instances in which I have made an examination after death, I have found reason to be satisfied with its accuracy. I am happy to find, from a late edition of Sabbatiers's *Médecine Opératoire*, that M. Dupuytren is in the practice of promulgating in his

lectures a similar doctrine ; although he, or the editor of that work, appear to lean considerably to the gastro-enteritic hypothesis of Broussais.

CASE I.—M. Y. ætat. 8, was admitted into the Royal Infirmary, November 5, 1818, having her neck, left cheek, arm and breast, left side of the abdomen, and right shoulder, much scorched. The surface was red, and in many points covered by small vesicles. The palm of the left hand and the thumb, particularly the latter, had also suffered severely. She was languid and chilly, with cold feet ; pulse quick and small, respiration rapid, tongue clean, with urgent thirst. Vinegar had been applied immediately after the accident ; turpentine dressings ; a little wine occasionally ; anodyne at bedtime.

She continued in this state of collapse during the two succeeding days, until the 8th, when I found that symptoms of reaction had rendered it necessary, in my absence, to diminish the quantity of wine allowed. Her face was now flushed, pulse 128. On the succeeding day, in addition to these symptoms, she complained a good deal of her chest and back. On the 11th, the pulse was 124, face flushed. Several sloughs had formed over the chest, and the thumb appeared completely sphacelated. The discharge from the burned surface was not yet purulent. On the succeeding day, the pulse had risen to 132, and she complained much of headach, which however was readily relieved by shaving the head, and bathing with vinegar. An extensive slough formed over the left shoulder ; and on the 15th, a separation of the sphacelated parts began to take place, although with only a scanty discharge of matter. On the 16th, the pulse was 128 ; face flushed, much pain in the back of the head, and she had now a frequent hard cough, with pain on deep inspiration.—A dose of calomel was ordered ; vinegar cloths to the head ; wine intermitted. On the 20th, great relief had been experienced from exchanging the turpentine dressings for spermaceti ointment. Her pulse was 120, and so feeble, that I allowed her a small quantity of wine, to be given with caution.

On the 23d, the pulse was 116 ; she had passed a good night, and felt easy ; her appetite was improving. The greater part of the sloughs had now separated ; and the ulcerated surface extended to more than half the trunk of the body, from the pelvis to the throat, and over the whole of the left arm. On the 10th of December, she had continued to lose ground since the beginning of the month, in consequence of copious purulent discharge and colliquative diarrhœa. A considerable slough had formed in the right haunch. The ulcers were this day of a livid appear-



ance, and the countenance much sunk. Dissolution took place in the evening.

On inspection, the left pleura pulmonalis was found adhering firmly to the pleura costalis, throughout its whole extent. Some thin membranous adhesions were observed in the right side of the chest. The lungs and abdominal viscera appeared healthy.

CASE II.—J. N., ætat. 4, was admitted into the Royal Infirmary, November 16th, 1822, having the inner side of the left arm and thigh, with the hypogastrium and chin, severely burned, by her clothes catching fire the preceding night. On the arm and thigh, vesication had taken place; but the cuticle on the chin and abdomen had been rubbed off, leaving the skin of a dusky hue.—Turpentine dressings.

On the 21st, after a restless night, she fell quiet at four in the morning; and at half past nine her face was observed to be livid, and her breathing somewhat stertorous, pupils much contracted, pulse frequent, and almost imperceptible at the wrist. Although a considerable quantity of blood was procured from the temples by leeches, no relief followed, and she died at 1, P. M.

On inspection, the pia mater was observed in many places morbidly vascular, with several patches of extravasated blood in different parts of its surface. The vessels of the velum interpositum and plexus choroideus were very turgid. An ounce of bloody serum lay in the basis of the skull. About two ounces of serous fluid were observed in each side of the thorax: a little fluid in the pericardium; lungs healthy. The peritoneal coat of the small intestines exhibited in many places a blush of inflammation. Three ounces of serous fluid were taken from the cavity of the abdomen.

CASE III.—M. S., ætat. 7, was admitted into the Royal Infirmary, December 21st, 1822, having the greater part of the abdomen, the left side of the body, the left cheek, a portion of the back, and the upper part of both thighs, burned. The cuticle in several places had been raised into bullæ. Pulse 96, weak. The unburned parts of the body, and the extremities, were cold.—Turpentine dressings.

On the 22d, vesication had taken place over the whole burned surface. Pulse about 116 in the temple; could not be distinctly felt at the wrist. During the preceding night, had two attacks of convulsion of the limbs, and was very low, with cold extremities.—Wine, opium, external warmth.—Under this treatment, the pulse became rather stronger; but she was attacked with vomiting, and refused food. Opium, both exter-

nally and internally, and brandy, were now ordered. On the 25th, the symptoms had suffered a remission, so that she seemed, on the whole, better; but she sank gradually, and expired in the evening.

On inspection, the omentum was found so vascular, that its colour approached to scarlet. The abdominal and intestinal peritoneum was in many places crowded with red vessels. Portions of the intestines were in different places glued to each other by a thin layer of coagulable lymph. Near the termination of the ileum, there was an intus-susception from below, upwards of two inches in extent. When the intestines were slit open, the mucous membrane, especially of the small ones, showed strong marks of acute inflammation; and many gangrenous-like spots were seen in different parts of it. Two lumbrici were taken from the colon.

CASE IV. G. M., ætat. 7 1-2, was admitted into the Royal Infirmary, December 31st, 1822, having her face, belly, and inner side of both arms burned. The cuticle in some of the burned parts was raised into vesications, and from others it had been entirely rubbed off. Pulse 92, very weak, feet cold. A little wine; turpentine dressings. On the 2d of January 1823, the burned surface of the belly was in a state of suppuration, and she spoke and took food freely. She was troubled with cough, and the bronchiæ appeared gorged with mucus. Poultice to the belly; turpentine dressings to other parts. In the evening of this day, I found her complaining so much of pain in the abdomen and thorax, with rapid, oppressed respiration, that I directed blood to be taken from the arm. Only four ounces were procured, which had a sizzly appearance. Some relief of the symptoms followed, but in so small a degree, that the house surgeon was induced to apply a blister to the chest. Next day she was reported to have had a better night, but the pulse was 140, and she was exceedingly fretful. Several sloughs appeared now to be forming, both on the right arm and right side of the abdomen. Blood to be drawn from the saphena vein *pro viribus*. On the 4th she had a very restless night, with delirium, and the pulse had not fallen. No blood had been obtained from the saphena. The respiration was rapid, but deep inspiration did not seem to occasion pain. The symptoms continued to increase till the 8th, when a delusive, though slight, remission took place, and the burned parts presented a more favourable aspect; but she sank gradually, and died in the evening.

On inspection, nothing morbid presented itself within the cranium. There was a single old adhesion of much firmness



on the left side of the chest. In the right cavity, several red patches were perceived on the pleura pulmonalis. The mucous membrane of the bronchiæ was very vascular; and the substance of the right lung contained in some parts numerous whitish tumours; two or three of which were as large as gooseberries. Both the peritoneal and mucous coats of the small intestines were in many places morbidly vascular, and several gangrenous-like spots were seen in the mucous coat. The viscera healthy.

CASE V.—L. M., ætat. 27, was admitted into the Royal Infirmary, January 25th, 1823, having almost the whole of the body severely burned. The cuticle of the thighs was wrinkled, and of a dark colour. The limbs, especially at their upper part, were very tense, and presented an ashy grey appearance. She moaned much, and complained of thirst and cold; and was in a very exhausted state. No pulse was perceptible at the wrists, or in the temples; and the heart was felt vibrating feebly. Turpentine dressings, wine, anodynes.

On the 27th she expired.

On inspection, the peritoneum lining the lower part of the abdomen, and that covering the greater part of the small intestines, showed a highly increased vascularity, which extended also to the mucous membrane, as was ascertained when the intestine was slit open. No effusion of lymph or adhesions of the intestines; but an ounce and a half of serous fluid were taken from the cavity of the abdomen. No urine in the bladder; kidneys appeared much firmer than natural. Two ounces of serum were found in the right side of the thorax, and an ounce and a half in the left. Lungs more than usually loaded with blood, but otherwise healthy.

In the first of these cases, the inflammatory attack on the pleura does not appear to have taken place until four days after the occurrence of the Burn; nor does it seem to have reached its greatest degree of intensity, for several days following. The patient, however, was not cut off by this disease, which subsided after the effusion of lymph, and the adhesion of the parts; but lingered on for about a month, and at length sank under the effects of irritation and exhaustion. The newly formed membrane on the left side of the chest was opaque and spongy, evidently of recent date, and referrible to the period when symptoms of thoracic inflammation existed. The propriety of depletion in this case was sufficiently obvious; and it would certainly have been acted upon, had I not been deterred by the presence of symptoms of debility; besides, I had at that time still to learn the frequency of the occurrence of internal inflammation in cases of Burn. The disagreeable reflections which

naturally arose in my mind on inspecting the chest after death, caused the case to make a more than usually deep impression, and determined me to pursue the inquiry on every favourable opportunity.

From a survey of these cases, it appears, that internal inflammation consequent on injury from Burn, may arise in the head, in the chest, and in the abdomen; and that the tendency of the inflammatory action is to produce effusion within the cavities of serous membranes. It is also clear from these dissections, that the mucous membranes participate in the inflammation. That of the digestive organs is not, however, affected in the exclusive manner which the favourers of the new French doctrine of Broussais would lead us to believe; but, on the contrary, it suffers much less than membranes of the serous class.

Although there seems to be evidence, that distant internal parts sympathize with the burned surface, and suffer inflammation, yet it is still more distinctly shown, that the parts immediately subjacent to the surface that has been exposed to a high temperature, suffer most remarkably. In the first case, the left side of the thorax had been much scorched, and the left pleura was that where inflammation and adhesion had taken place. In like manner, in the third case, the parietes of the abdomen were much injured by the application of fire, and the peritoneum bore marks of intense and far advanced inflammation. If it should appear to any one that the intus-susception, which was found in this case, might have given rise to the inflammatory symptoms, I would beg to refer to the high authority of Dr. Baillie to prove, that intus-susception often exists without causing any injurious consequences. My own experience coincides exactly with this opinion. In one maniacal case, which I inspected after death, and where severe and continued diarrhœa had existed, I found an intus-susception of the ileum, which, when drawn out, measured 22 inches; yet the part exhibited only an increased vascularity, and some spots of extravasated blood.

In the case of Maclaren, who died on the second day after the infliction of a very extensive burn, the traces of internal inflammation showed that it was merely in its early stage. Increased vascularity of the peritoneum and intestines, and serous effusion into the cavities of the thorax and abdomen, were alone discovered. In this deplorable case, the stage of collapse never gave place to any reaction, which would, no doubt, have happened, had she survived for a longer period; and, in that event, I should have expected to find effusion of coagulable lymph, as well as the other marks of inflammation. The occurrence of



inflammation and effusion in internal parts, after the surface has been burned, may be regarded as the result of an effort of Nature to relieve herself from the consequences of so severe an injury ; and it may perhaps furnish an illustration of the mode in which internal parts, in a state of inflammation, are relieved by the application of vesicatories to the surface. Hence I am inclined to believe, that extensive and severe vesication by cantharides, where the subjacent internal parts are wholly free from inflammation, will probably cause irritation of these parts, and perhaps dangerous effects. In erysipelas of the face and scalp, we have delirium, and, if the disease proceed, effusion or extravasation within the skull, and death. In the case of a patient under my care, who had received a wound of the face with fracture of the ossa nasi, erysipelas made its appearance in about seven days from the accident ; and she died with delirium, and other symptoms of cephalic affection, on the sixth day thereafter. Inspection of the head discovered the vessels of the pia mater and velum interpositum unusually turgid with blood ; half an ounce of limpid fluid was found in each lateral ventricle, and a small quantity tinged with blood lay in the base of the cranium. In this case, the external inflammation did not disappear on the super-vention of symptoms of inflammation of the encephalon ; nor do I believe that the internal inflammation in such cases is the effect of metastasis, but of that consent of parts of which I have endeavoured to offer evidence in the cases of *Burn* now communicated. We have a collateral proof of this fact in the secondary fever of small-pox, which appears to arise principally from an affection of the mucous membrane of the throat and air passages, and which is not alleviated, but uniformly rendered more intense, by a full load of pustules.

The proportion of deaths, in cases of severe burn, is so considerable as to awaken very distressing feelings. During the last winter quarter, I treated in the Infirmary five cases of this description, and lost no less than four of them. Of these, however, three were children, who are not only more unmanageable under such accidents than adults, but also suffer more from irritation ; and the extent of the burned parts, in these cases, bore a very large proportion to that of the entire cutaneous surface.

Should the views which I have been led to form of the effects of *Burn*, in causing internal inflammation, be confirmed by more extended observation, it will probably lead to an improvement in the constitutional treatment of such injuries, by the more frequent and free employment of general and local blood-letting, than has been hitherto adopted. In a considerable proportion of cases, the swelling of the surface, in those parts where vene-

section is usually performed, will prevent this operation from being successful in abstracting blood ; but there are few cases in which we may not draw off a sufficient quantity of it by means of leeches. The removal of the cuticle, even by cantharides, forms no bar to leeching, but is rather favourable to it. In one instance, where a blister had been applied to the throat on account of threatened croup, and where the return of symptoms induced me to employ leeches, they fastened on the denuded surface with unusual eagerness, and the wounds bled profusely.

Did I not fear to trespass too much on your limits, I would willingly make a few remarks on the primary stage of collapse in cases of *Burn*, and on its appropriate treatment. The diffusible stimuli, both internally and externally, seem to offer the only means of relief at this period ; but I would beg to ask, if it may not be prudent to employ an antiphlogistic mode of management, and perhaps blood-letting, even before symptoms of reaction have become fairly manifest ?

## II.

### *On the Medicinal Powers of Elaterium, by DR. KINGLAKE.*

(From the London Medical and Physical Journal.)

The medicinal powers of elaterium have been always regarded as being peculiarly and violently active ; so much so, indeed, as to have precluded them from free and confident use. There are but few articles in the materia medica that exert a stronger influence on the actions of life than elaterium ; and experience has ascertained that this agency may, in various conditions of disease, be turned to a highly salutary account. Substances may possess qualities capable of deeply affecting the actions of animal life, without at all proving beneficial. When this is the case, the agent is destitute of medicinal or remedial powers. Adequate experience can alone determine the real efficacy of reputed medicines ; and to estimate correctly, by even this source of intelligence, the closest and most cautious observation is required. The early periods of medical history have recorded the medicinal virtue of elaterium, and it is probable that, if its active properties had not occasionally operated with a violence that induced an apprehension of its being unsafe for general use, it would long since have acquired an established reputation for being almost singularly efficacious in speedily and permanently removing serous effusions, constituting the various forms of dropsical affection.

The Greeks gave to the juice of the wild cucumber (*cucumis sylvestris*,) the name of *elaterion*, whence is derived elaterium,



denoting a strong purgative quality. Theophrastus, who flourished three hundred years before the Christian era, regarded it as a medicine of great and various power, affirming that it would retain its active properties two hundred years; and that, when fifty years old, it would, by its evaporable force, extinguish a lighted candle or lamp, when nearly approached to it. Pliny also observes, that a test of the genuineness and purity of elaterium, is when "it causes a lighted candle to sparkle upwards and downwards." The medicinal virtues of elaterium were not unknown to Hippocrates and Galen: they speak of them as being violently purgative. Later observers have investigated the qualities of elaterium, and have ascertained them to possess higher and more efficient cathartic powers than those of any other article of the *materia medica*. The German Zuingerus, in his *Theatrum Botanicum*, remarks, "Diese Gurke hat auch eine etzende purgirende Salz bey sich, vermittelt dessen es nicht nur von sich den Leib purgient sondern auch den monatsfluss der Weibern befördert, dieser Salt halt sich sehr viele Jahren, und verliert seine Kraft nicht."

The constituent principles of elaterium possess qualities that specifically affect the peristaltic power of the intestinal canal. They not only excite it to increased action, but seem also vastly to augment the whole of the enteric secretions; so that the alvine discharges resulting from the operation far exceed in quantity those which are produced by any other known purgative. The afflux of fluids derived to the intestines by this excitement, and the consequent effusion into their cavity, largely abstract from the superfluous water of the circulating fluids, and thus room is afforded for absorption from the visceral and cellular cavities in dropsical disease. Such is the strong influence which this medicine exerts on the vital power of the first passages, that doses from a quarter of a grain to one grain, taken night and morning, will induce and sustain a cathartic action, that will remove from the system, through the intestines, from two to four quarts of fluid in the course of twenty four hours.

This vast excretion creates a deficiency of fluids in the sanguiferous system, and thereby causes the absorbents freely to receive from the cavities any serous accumulation that may have taken place in them. If this absorbing and evacuating operation be sufficiently carried on, all dropsical distention, and the various hurtful oppressions connected with such plenitude, will be removed, and an opportunity afforded, in the absence of visceral disease, for a permanent re-establishment of the healthful tone and energy of life.

Elaterium does not appear to produce its full effect as an

hydragogue until after it has been taken for a week or ten days, when its specific or peculiar influence on the intestines seems to be established, and to proceed uninterruptedly as long as it may be judged right to persist in its use. The stomach is occasionally much nauseated by elaterium; but this early effect of the remedy speedily passes on to the bowels, where its active influence at once relieves the stomachic disturbance, and carries off, by copious discharges from the intestinal canal, large quantities of effused and oppressive fluids. Nor does the sickening effect of the medicine impede its salutary action in promoting the absorption and discharge of serous accumulations. Like digitalis, it is probable that, by temporarily diminishing and retarding the contractile energy of the arterial system, it lessens exhalation, whilst absorption proceeds in an increased proportion. In dropsical disease, it frequently happens, in addition to the general atony prevailing in these cases, that a morbid determination obtains in the exhalent division of the arterial system, which occasions an inordinate supply of fluid in all the interstitial spaces of the body. This occurs without proportionate absorption, and, of course, must speedily deluge both the cellular and visceral cavities, into which it is liable to be diffused. Suspending and diverting this determination by the nauseating influence of medicine like elaterium, exerting its concentrated action on the peristaltic power of the intestines, may efficiently remove both the cause and effect of the redundant exhalation.

It is not evident, when elaterium is operating most powerfully in abstracting from the bowels the aqueous accumulations existing in dropsical disease, that it augments the urinary secretion. Indeed, during its full influence on the intestines, it is hardly possible that its action could be also extended to the kidneys. Its cathartic effect is so direct and intense as almost necessarily to confine its undivided power to that sphere of action. Were it more distributed, its evacuant agency would be proportionately diminished. When cathartic substances strongly excite the peristaltic power of the intestines without producing much evacuation, the excitement is apt to be sympathetically transferred to the kidneys, and to be shown in an augmented secretion of urine. Thus cathartic medicines have been held to be likewise diuretics, when exhibited in suitable quantities. This notion, is, perhaps, more imaginary than true; and, were it admissible, it would suppose a convertible property in all medicines, in denial of the prevailing and more reasonable opinion, that medicinal substances, in the vast diversity of their component parts, have properties peculiarly adapted to produce specific effects on the different states and conditions of ex-



citability obtaining in the various and dissimilar textures of the human body. The natural aptitudes subsisting between the peculiar excitability of different parts of the system and the stimulant properties of certain medicinal substances, must be accurately investigated and known before the desired precision can be obtained in determining the specific powers and uses of such agents.

A medicine so active as elaterium may probably be employed in doses so small as to be incapable of affecting the first passages, as an useful alterative, in chronic diseases, originating as well from vitiated excitement in structures not disorganized, as in morbid enlargement from change of texture and growth of new parts. The whole class of glandular diseases, whether occurring in visceral organs or in glands themselves in their insulated situations, presents the sort of distempered inveteracy that would require all the subtilty and power appertaining to elaterium to overcome it. Dr. Ferriar, in his Medical Reports, has suggested that this medicine might prove an efficacious alterative in obstinate diseases of long standing. Impressed with a similar persuasion, it has been already subjected to trial under my direction;—but, it must be confessed, not sufficiently even to warrant a report of its effects, much less to decide on what it may, under a more extended and varied application of its powers, be capable of accomplishing. The form in which it has been ordered by me, has been a solution of one grain of the extract of elaterium in one ounce of proof spirit; of which thirty drops have been administered as a dose, three times a-day. This dose, if the solution of the medicine be accurate, will be equivalent to a sixteenth-part of a grain of the extract in substance; and even this small portion has been known to nauseate. For children, it would be advisable to begin with ten drops, and to advance the number gradually until sickness may be induced, which should be regarded as a test of the maximum dose. By slow and progressive augmentation, it may be ultimately borne to the extent of an eighth, or even a quarter of a grain, without disordering either the stomach or bowels. But the ability to take the increased dose arises rather from a familiarity obtaining between the excitability of the stomach and the medicine, than from an inefficiency of the latter. The influence of elaterium will proceed to a final point of saturation, when it will be no longer borne. To attempt to urge it beyond that extent, would be to overpower vital action in a manner that would be distressing to the patient's feelings, and may even endanger life itself.

After powerful medicines, such as elaterium, mercury, arse-

nic, zinc, antimony, prussic acid, opium, digitalis, colchicum, the various narcotics, &c. have been taken long enough to disorder either the stomach or head, they should be discontinued for an interval sufficiently long to allow such saturated or redundant influence to subside, when they may be respectively resumed at the lowest doses, and gradually carried as far as the curative indication may appear to require.

## III.

Drs. LATHAM and ROGET on the appearance of Scurvy in the Penitentiary at Millbank.

[During the year 1822, the prisoners in the Millbank Penitentiary\* are stated to have been "generally healthy." In the month of February last, a rapid increase of sickness was observed, and as many of the complaints appeared to have been connected with the food and exercise of the patients, two physicians, in addition to the ordinary medical attendants of the prison, were called in. Their report, "on account of the valuable facts it contains, and the clear and able manner in which they stated, we reprint without abridgment."]

In conformity with the instructions conveyed to us, in your resolution of the 28th of February last, we have visited the Penitentiary daily, since the first of March; we have carefully and repeatedly examined, at different times, the state of health of each individual prisoner; we have taken constant charge of the sick in the infirmaries; we have communicated continually with your medical officers, Mr. Hutchinson and Mr. Pratt, and frequently with the other officers of the establishment; we have made whatever inquiries seemed requisite to obtain correct information concerning the nature and extent, and the origin and progress of the disease lately prevalent in the Penitentiary, the causes which probably contributed to its production, and the means most expedient for its cure, and most likely to prevent its recurrence; and we have agreed upon the following Report.—

*State of the Prison during the Winter.*—From the testimony of the officers of the establishment, and particularly of the matron, it appears, that during the last autumn the general health of the prisoners began visibly to decline. They became pale and languid, and thin and feeble. Those employed in tasks requiring much bodily exertion, were unequal to the same quantity of work as formerly. Those at the mill could grind less corn; those at the pump could raise less water. From time to time several of the laundry-women fainted under their work;

\* A penitentiary in London, designed for such persons as are usually sent to New South Wales.



and the business of the laundry could only be carried on by continually changing the hands engaged in it. Such was the general state of the prisoners throughout the winter.

Still, notwithstanding this remarkable depression of the general health, there appeared among them no manifest signs of any peculiar disease. The number of sick received into the infirmaries, did not much exceed the proportion which, in the winters of former years, it had borne to the total number of prisoners; and their disorders were those commonly incident to cold weather. It was not until the beginning of February, that any marks of scurvy were reported by Mr. Hutchinson, as having been noticed by him on a few individuals in the infirmaries.—And here it may be observed, that these marks are, at their first appearance, peculiarly apt to escape discovery, unless the attention be particularly directed towards them; and that they often exist for a long time, entirely unnoticed by the patient himself. Between the 14th of February and the first of March, no less than forty-eight prisoners came into the infirmaries, affected chiefly with diarrhœa and dysentery. The diarrhœa and dysentery were of a peculiar kind, and were suspected to have a connexion with the scorbutic disease. At this time, also, all these various affections were found spreading extensively, but in different degrees of severity, throughout the prison.

*And during the first Week in March.*—On the 28th of February, our assistance was called for; and having learned the facts already detailed, we began our examination of the prison and the infirmaries on the 1st of March. We found the prevailing disease to be the same with that which is known by the name of *Sea Scurvy*, and which is characterized by livid spots, or blotches of the skin, especially on the lower extremities. Conjoined with the scurvy, in almost every case there was diarrhœa or dysentery. There were, indeed, a few instances of scurvy without disorder of the bowels; and moreover, numerous instances occurred of diarrhœa and dysentery, where no marks of scurvy had appeared. But still, whether the scurvy subsisted alone, or the diarrhœa or dysentery subsisted alone, or whether they were conjoined in the same individuals, there was found in all those who suffered from either, or from both, the same constitutional derangement, denoted by a sallow countenance, an impaired digestion, diminished muscular strength, a feeble circulation, various degrees of nervous affection, as tremors, cramps, or spasms, and various degrees of mental despondency.

*Nature of the prevailing Disease.*—These facts seemed to lead directly to the belief, that the diarrhœa and dysentery and scurvy had their origin in the same morbid state of the constitution. In this belief we were more and more confirmed by fur-

ther observation ; and we soon had the means of determining with certainty, that they, in reality, constituted one and the same disease. We examined, by dissection, the bodies of two prisoners, who died dysenteric, and found, in various parts of the intestines, the morbid appearances called, in medical language, *Ecchymoses* ; that is, spots of the same kind as those which, on the skin, constitute scurvy. We found, in fact, an absolute scurvy of the bowels, of which the diarrhœa or dysentery was only a symptom and consequence.

*Its Extent*—With regard to the extent of this disease, we found more than one half of the whole number of prisoners affected by it, in one or other, or in all its forms ; but the proportion was not the same among the prisoners of different sexes, or belonging to different classes. The women were affected much more extensively than the men ; and of both men and women, the second class, which is composed of those who have been longest in confinement, was affected in a much larger proportion than the first class, which comprises those who have been more recently imprisoned. Of the women, about two-thirds were ill of the disease ; of the men, rather less than one-half. Of the women in the first class, one-half were ill ; of those in the second class, rather more than one-half. The exact numbers are stated in the Table subjoined to this Report.

*Peculiar Exemptions from the Disease.*—Some striking exemptions require to be noticed. Of the 24 prisoners employed in the kitchens (13 men and 11 women) belonging to the class which had suffered most extensively, all were free from the disease, excepting three, one woman and two men. These three had been promoted to the kitchen within four days. It is proper to add, that the officers and servants of the Establishment, together with their families, residing within the walls of the prison, and amounting to 106 individuals, were universally exempt from the disease.

*Rise and Progress of the Disease.*—We took some pains to ascertain the period at which the disease in question might be considered as having commenced, and the gradations by which it had reached its present extent and aggravation. It appeared reasonable to assume, that whenever, upon the feeble and drooping condition observed among the prisoners throughout the winter, diarrhœa or dysentery, or scurvy, supervened, then the disease was fully constituted. With respect to the scurvy, it was scarcely possible to assign the exact time at which it commenced, on account of the insidious mode of its attack, and the facility with which it may elude observation on its first appearance. But we have fully satisfied ourselves that there existed,



among the female prisoners, a few cases of decided scurvy as early as the month of November. Among the men, we cannot trace any instance of scurvy back to a remoter period than two months. It is certain, however, that it was not until after Christmas that the scurvy had spread very extensively among either sex. About the middle of January, the instances had become numerous among the women, and among the men, about the middle of February; and it continued to increase progressively in both sexes, until the first week in March.

The diarrhœa and dysentery appear, in their origin and progress, to have kept pace with the scorbutic symptoms. Upon inquiry among the prisoners, we found that some of them had been occasionally suffering from diarrhœa before Christmas; but the instances being few, and the cases yielding readily to common remedies, they did not excite any alarm, and were naturally imputed to accidental causes. Under ordinary circumstances, such a conclusion might have been fairly admitted; but considering what the general health of the prisoners then was, and with our knowledge of what has since occurred, we cannot but suspect that, in some of these instances, the diarrhœa belonged to the same disease, of which it has since been found to constitute the principal and most formidable symptom.

In the course of January, the instances of diarrhœa were too numerous to be attributable to common or accidental causes. But, even then, it had not become matter of general complaint, for it was not attended with much pain, and in most of the sufferers it continued for a short period only, and then ceased; but it renewed its attacks from time to time on the same individual, gradually, though insensibly, impairing his strength. In this manner, through the month of January, many of the prisoners were sustaining a severe injury to their constitution, without being conscious of more than an accidental ailment, and without applying for relief.

Increasing daily in extent and severity, it at length became matter of complaint; and at the latter end of February, diarrhœa and dysentery constituted a large proportion of the cases in the infirmaries. Three deaths from this disease occurred between the 14th of February and the 1st of March, the day on which we made our first examination of the prison and the infirmaries. In the prison, the disease had reached the extent already mentioned; and in the infirmaries there were 64 patients labouring under the disease, in one or other of its forms.

*Inquiry into the Cause of the Disease.*

*Its independence on the Situation of the Prison.*—In inquiring into the causes of the disease in question, we think it right to

state our persuasion, that the situation of the prison has not contributed to its production. First, because, if this had been the case, it is reasonable to suppose that the same disease would have occurred in former years, whereas it has never appeared until the present winter. Secondly, had this been the case, the officers of the prison, being equally obnoxious with the prisoners to any injurious influence of situation, could not have been universally exempt, as it appears they have been, from the same disease. Thirdly, because, if the situation of the prison be injurious, it must be presumed to be so in consequence of marsh miasmata arising in its neighbourhood; yet since its establishment, the prison has been altogether free from those diseases which marsh miasmata confessedly engender. Fourthly, because marsh miasmata always arise during the hot, and never during the cold seasons of the year; and the diseases which they engender belong to the same seasons. Lastly, because, although scurvy and dysentery have undoubtedly been found prevalent in marshy districts, yet when marsh miasmata have produced them, they have been associated with intermittent fevers, and have occurred only at the hot seasons of the year. It may possibly be suspected, that the simple dampness of the situation may have contributed something to the disease. But we can state with confidence, that every part of the prison is singularly dry; and that in no cell or passage, on no floor or ceiling, or wall of the prison, have we found the smallest stain or appearance of moisture.

*Influence of Diet in its Production.*—Several circumstances respecting the disease in question, which have been already mentioned, seemed to limit the causes of its production to such as could have had their operation exclusively upon the prisoners, and especially at the present season, and now for the first time. One such cause is found, we conceive, in the diet of the prison. During the last eight months, the diet was different from what it had been ever since its establishment. The change which took place in July last, reduced the animal part of the diet almost to nothing. In a soup made of peas or barley, ox heads were boiled, in the proportion of one ox head to 100 male, and one to 220 female prisoners; and we found, upon inquiry, that the meat of one ox head weighed, upon an average, eight pounds, which, being divided among an hundred, allows only an ounce and a quarter for each prisoner. This new diet had been continued until the present time; and to it we mainly ascribe the production of the disease in question.

*Influence of Cold.*—It does, nevertheless, appear to us, that the diet of the prison has not itself alone been productive of the



disease, but that it required the concurrence of other causes, of which the severity of the winter was probably the chief. The origin of the disease has been traced to the commencement of the cold weather, and its progress and increase have kept pace with it. There are, moreover, two circumstances which confirm us in the belief, that diet and cold have been concurrent causes. The sufferers were most numerous in that class of prisoners which were most exposed to the influence of cold, from the lower temperature of the cells in which they pass the night; showing, that where both causes most conspicuously concurred, the disease was most extensively produced. Yet those individuals of that class who, sleeping in the same cells, and exposed to the same low temperature by night, were employed in the kitchen by day, and had access to richer diet, were universally exempt; showing, that where one cause was withdrawn, the other was of itself inadequate to produce the disease.

*Means employed to counteract the Disease.*—Such being the character and extent of the disease in the Penitentiary, and such its most probable causes, we proceeded to adopt those measures for counteracting it, which its own nature, and the opinion we entertained of its origin, seemed to suggest. We ordered an immediate change in the diet of the prison. In place of peas and barley soup for dinner, we substituted a daily allowance of four ounces of flesh meat, and eight ounces of rice daily for each prisoner, and white bread instead of brown; and, as the cheapest and best antiscorbutic article of diet which could be procured at this season of the year, we ordered three oranges for every prisoner daily, one at each meal.

It is unnecessary to detail the methods of medical treatment employed in the infirmaries.

*Gradual decline of the Disease.*—On our examinations of the prison between the 12th and the 19th of March, we found the general aspect of the prisoners visibly improved. The taskmasters informed us, that they were more cheerful, and did more work; and particularly, that those employed at the mill could grind one-third more flour. The scorbutic marks had, in almost every case, begun to decline; and in many of the slighter cases had absolutely disappeared.

On our general surveys of the prison between the 31st of March and the 4th of April, we could not find more than fifty individuals of both sexes, on whom any marks of scurvy remained; and on the greater number of these, they were so slight as hardly to be detected.

The diarrhœa and dysentery have, upon the whole, kept pace

in their decline with the gradual disappearance of the scorbutic spots. On each of our examinations of the prison, we found them relieved or cured nearly in the same proportion ; and, on our last examination, there were not remaining so many as twenty cases of bowel complaints in the whole prison.

*State of the Infirmaryes.*—It is proper to remark, that the diarrhoea and dysentery, being the most formidable part of the disease, was that for which medical treatment was especially required. Therefore, of the prisoners thus affected, we have constantly received as many into the infirmaryes as there was room to accommodate, whether their cases were severe or slight. At the period when, as we have stated, the disease was upon the decline, that is, during the last weeks of March, it will be observed, that there was a greater number of prisoners in the infirmaryes than at the period when the disease, in all its forms, was at its greatest aggravation and extent, that is, during the first week in March. The truth is, that when we began our attendance, we found only the severer cases of bowel complaints in the infirmaryes ; but as soon as we had learned, by the dissection of two patients who died dysenteric, that the disease tended to produce irreparable organic mischief of the intestines, we thought it right to bring as many cases as possible under strict medical treatment ; and moreover, as soon as we had learned, in the course of our observations, the great liability of the diarrhoea and dysentery to return, we thought it right to use the greatest possible vigilance over particular cases, during the period of their convalescence. Hence many, in whom we most strongly suspected this proneness to relapse, were still kept in the infirmaryes, after the actual symptoms of their disease had disappeared ; and a convalescent ward, in addition to the ordinary accommodation of the infirmaryes, was opened for their benefit. These are the circumstances that are to be borne in mind, in order to reconcile the apparent inconsistency of the number in the infirmaryes being greater, at the very time when the disease in the prison was daily and rapidly declining.

From the 1st of March to the present day, 222 patients have been admitted into the infirmaryes, making, with the 110 already there, a total of 332 patients. Of these, eleven have died, six of dysentery, and the remaining five of diseases unconnected with the present disease. At present, the total number of patients in the infirmaryes is 101, namely, 64 women and 37 men. Of this number we consider that 36 are convalescent, and exhibit no symptom of disease ; and they are retained in the infirmaryes only by way of precaution against relapse : 19 only



are still suffering the symptoms of the disease ; and 46 are affected with other complaints.

*Suggestions with regard to Diet.*—It remains with us to fulfil the wishes of the Committee, by suggesting to them some considerations respecting Diet. With regard to the diet of prisoners undergoing punishment for crimes, we presume the object to be that they should have enough for nourishment and health, and nothing more. How much, and what quality of food will actually suffice for this purpose, can be deduced only from numerous and careful experiments. But no such experiments, as far as we know, have ever been made. There are certainly none upon record, to which we can refer for information. We beg, therefore, that the observations we venture to make, and the recommendations we offer, respecting diet, may be accepted as the result of the best consideration we can give to the subject, in the absence of positive experiments.

Practically, the main question seems to be, Can animal food be safely excluded from prisons, and particularly from the Penitentiary? We are aware that a large portion of the labouring agricultural population of this country subsists altogether upon vegetable food, and is generally reputed vigorous and healthy ; and we admit the justice of the inference, that an exclusively vegetable diet is generally wholesome ; and we allow, moreover, that to submit those confined in prisons to such a diet, is a justifiable experiment. But still it is merely an experiment ; and, considering that every circumstance of the present condition and previous habits of those imprisoned for felonious crimes, is as different as possible from the simple condition and simple habits of an agricultural population, we should not be surprised to find that the experiment generally failed. At the Penitentiary there are, we conceive, peculiar obstacles to its success. These consist chiefly in the long periods of confinement, and the great number of prisoners.

To prisoners in a house of correction, whose period of confinement is limited to a few months, little hazard would result from an habitually scanty diet. People may be under-nourished for a short time, with impunity ; but prisoners who are in the course of a confinement for five, or seven, or ten years, (and none are condemned to less in the Penitentiary), cannot safely be subjected to the same system. Many injurious influences will arise in the course of years, which a few months would not produce. There will be changes and inclemencies of seasons to be provided against, and the heavy pressure of moral circumstances ; for which, although they cannot be strictly appreciated, large allowances must be made. The great number

of prisoners at the Penitentiary, independently of the contingencies to which they are exposed in the course of a long confinement, renders such an experiment peculiarly hazardous. Restriction to a vegetable diet, or to a diet that is considered just sufficient for nourishment and health, requires a constant vigilance over the health of each individual prisoner. Such a vigilance is the only security against the possible evils that may arise in a prison containing 50 prisoners, a diet even of bread and water may be adopted without hazard, because there the requisite degree of vigilance can be obtained ; and the medical superintendant of such a prison would become so familiar with the aspect of individuals, as to see at once the earliest indications of disease in any one of them. But in a prison containing 900 or 1000 prisoners, the requisite degree of vigilance would be impossible ; and, for the want of it, a great hazard would be incurred by adopting the same system of diet.

For these reasons, and especially because the diet of the last eight months, in which the animal matter was reduced almost to nothing, has mainly contributed, as we conceive, to produce the present extensive disease, we recommend that, in future, animal food should make a larger part of the diet at the Penitentiary.

Upon the subject of Diet, we recommend :

1st, That half a pound of flesh meat, without bone, be allowed to every prisoner once a week, on Sunday.

2d, That, in addition, half a pound of flesh meat be allowed to every prisoner once a fortnight, on any day that the Committee may think proper.

3d, That white bread should always be given to the prisoners, that is, bread made of the best wheat flour, and free from all impurities.

4th, That the prisoners should have one meal each day entirely of solid food ; that is, if they have gruel for breakfast, and gruel for supper, that their dinner should not be of soups or broth ; but that, of whatever vegetable or animal substances it consists, they should be given in a solid form.

As to the kind of vegetables suitable for the principal meal of the prisoners, a certain latitude must be allowed in regard to those which are most easily procured. All the vegetables in common use are wholesome. Potatoes and rice can be procured at all times, and fortunately, they are the most nutritious.

We recommend, that the present allowance of four ounces of flesh meat, with one orange daily, be continued to every prisoner for a month ; that afterwards four ounces of flesh meat be given on alternate days for a fortnight ; and that then, if the gen-



eral state of the prison be healthy, it be put upon the ordinary diet that shall be determined by the Committee.

In closing our Report, we beg to express our firm conviction, that there is now no obstacle to the entire re-establishment of the healthy state of the Penitentiary. We must nevertheless add, that, for several weeks to come, occasional cases of bowel complaint will probably still be found to arise in the prison; we suggest, therefore, the necessity of great vigilance and frequent inspection, that none of such cases may pass undiscovered; and we recommend, that every case, as soon as it is noticed, be removed to the infirmary, and subjected to the strictest medical treatment. Security against relapse will best be obtained by whatever is calculated to strengthen the constitutions of those who have already suffered, and especially by still employing the means which have hitherto mainly contributed to their recovery. It is with this view that we have recommended the continuance of the present allowance of animal food for another month.

We have examined the accounts which have been transmitted to us from the Secretary of State's office, of the diet used in different prisons in England, contained in the answers to questions which were sent to the visiting magistrates, on this and other subjects connected with the health of prisoners. But on comparing the different plans of diet detailed in those answers, which have as yet reached us, with the objects and system of the General Penitentiary, we do not conceive that any of them will be at all suitable to that establishment. We have to observe, however, that answers to the above mentioned questions have been received only from seven of the prisons that have been written to for information on these subjects.

P. M. LATHAM, M. D.

5th April, 1823.

P. M. ROGET, M. D."

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#### IV.

*An Exposition of the Principles of Pathology, and of the Treatment of Diseases.* By DANIEL PRING, M. D.

(From the Quarterly Journal of Foreign Medicine and Surgery.)

Intermingled with many dark, and to us unintelligible sayings on the nature of life, and the theory of disease, this work contains much practical matter of great value. It is with the latter that we purpose principally to concern ourselves, being convinced that, till we are capable of creating a living body, we shall never be able to explain satisfactorily any one of the vital func-

tions, whether in a state of health or disease. Besides, we might fill our whole number with the author's theoretical speculations, and add little or nothing to the real knowledge of the reader. It is singular that he seems to have little acquaintance with the recent profound work of Dr. Barclay, though he dedicates this work to him.

It is one of the great faults of many of our late medical works, that they are without an index, and are generally furnished with only a meagre table of contents. The author hurts both himself and his publisher by this carelessness or indolence: for before a purchaser can guess at what is in the book, he must hunt over the whole, page by page, and after all may overlook the very subject for which he is searching. Dr. Pring is very culpable in this respect; for nobody, by glancing at the contents of his ten chapters on the Humoral Pathology, Spasm, &c., could anticipate the various topics which he takes up and discusses in his progress. As we think it a matter of some moment to all professional writers to attend to this, in justice to themselves, we shall attempt to sketch out the contents of this volume, not as a model, but as a specimen of what we mean.

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Mixed with much error, there is undoubtedly some truth in the humoral pathology ; at any rate, of all the doctrines that have been propagated on medical subjects, it is the best adapted for explaining the phenomena of disease to the uneducated mass of mankind. But, now-a-days, an essay on the thickness and thinness of blood, or its vitiated qualities, has no attractions for a physician. The reveries of Boerhaave and his followers are long past. The doctrine of Spasm, also, has had its day ; and we may now wonder that Cullen, notwithstanding his being dazzled by the splendour of his pathological visions, could look upon a Boerhaavian with contempt ; for the doctrine of spasm undoubtedly involves more than one point of the humoral pathology.

Our author has dwelt much on the Brunonian system ; but although, in the treatment of this subject, he has displayed a great deal of ingenuity, we shall pass over his abstruse reasoning, as we have no wish that the reader, like ourselves, should be “in wandering mazes lost.” Although for the most part bad, the practice of the Brunonians is good in cases of extreme exhaustion, or in direct debility, where the doctrine assumes that there is an accumulation of excitability. In this state, which

is induced by considerable privations or depletions, the practice of increasing very gradually the means of repletion cannot be too much insisted upon. In the beginning of convalescence from fever, by which the system was much reduced, a single meal, of a highly nutritious quality, has been the occasion of fatal apoplexy. After severe hemorrhage, also, blood is often determined to the head with great violence, when food has been supplied suddenly, and in too great quantity; and in no state has this occurred oftener than in the puerperal, where we may find all the degrees of cerebral disorder, from pain and throbbing in the head, to delirium, epilepsy, or apoplexy. Indeed, twelve days after a delivery which has been attended with profuse flooding, a stimulating meal, given contrary to orders, has eventually produced death. In such a case, a single glass of porter, given improperly four days after delivery, has occasioned apoplexy. In any period of the puerperal state, stimulants should be very cautiously administered. In ordinary cases, after delivery, we have known spirits sweetened with sugar, and given as a medicine, very speedily induce inflammatory symptoms; and we could ascribe such treatment only to villainy or ignorance. We have seen a drachm of weak currant wine double the pulse.

In violent determination of blood to the head, such as we have just mentioned, the author, instead of using the lancet, as is generally done, has had recourse to active purgatives. When the pulse has risen suddenly from 80 to 130 or 140 pulsations in a minute, with intense pain in the head, restlessness, &c., he has given six grains of calomel, and as much of James's powder, followed by a two ounce draught of salts and senna, with half a drachm of jalap in it; and whether rejected or not, this has been repeated in less than an hour, till the bowels have been freely opened. Afterwards, the tendency of blood to the head has generally been kept within bounds by small but repeated doses of Epsom salts. If this treatment should not altogether answer our expectations, Dr. Pring thinks that putting the system suddenly under the full influence of mercury would have a beneficial effect; much more so at least than the employment of the lancet: but he would do this only when the case is nearly desperate. But he has had numerous cases of the above-mentioned kind almost as bad as could be, which all ended favourably when he treated them entirely with purgative, nauseating, and perhaps emetic remedies.

Our author's observations on typhus, and on the application of the Brunonian treatment, are very deserving of attention. He has shown that the stage of typhus to which alone Brown's



tion of the vessels, of the capillary attraction, or with Dr. Pring, a vital affinity lodged in the extremities of arteries. From analogy, it would appear that in all cases this power is excited to increased action by stimulants. The pathology of determination affirms that every disease is local, or at least, that it has a local origin ; that every determination of blood is simple or inflammatory ; and that all diseases, functional and organic, are caused by determination of blood to their respective seats. It also states, that a determination of blood to one seat, may cease upon the occurrence of a determination to another. In such cases, that arteries are dilated, is a fact that must have been noticed by the most careless observer ; but how this is brought about is not evident. The vascular system, as our author thinks, is probably passive in this business, the vessels do not dilate, but are dilated, and the immediate cause of their dilatation, in his opinion, is an augmented volume, and, in inflammation, an augmented velocity of the blood ; the latter being proved by the wounds of minute vessels. And as the blood is also passive, the assistance of another power is requisite, that its volume or velocity may be locally augmented, and this power, as we have seen, our author has named vital affinity. In such cases, our author cannot allow, that the dilatation of arteries is occasioned by the loss of their contractile power, or that they have an inherent capability of dilatation.

From cases of hysteria, convulsions, tic douloureux, and tetanus, where such a thing might have been expected, our author has shewn that determination of blood is not a universal accompaniment of disease ; and on this ground alone it cannot be a *universal cause*, of disease ; although we allow that in very many instances it may be present. But here it is not the *cause*, but the mere *effect* of disease ; for the most accurate examination will not shew that the determination of blood precedes the other phenomena with which it is associated. It is, therefore, but a part of the diseased state which it helps to establish. If health depends upon a vast number of causes, a circumstance by no means incapable of proof, is it at all likely that disease, which is merely a deviation from health, shall acknowledge but one cause ? But even if it were so, the author has shewn at great length, from the diversity of symptoms, and the variety of termination in inflammatory diseases, that determination cannot be that cause. A preternatural determination is the consequence of a state which is strictly local, and not common to the arterial system, as in parts of that system no determination whatever is observable ; and such a state is owing to an increased function of the discerning system. The parts are preternaturally excited,

their consumption, therefore, is more rapid than usual, assimilation is proportionally rapid, and the supply of blood is in like manner increased. In diseases, therefore, the local determination of blood is commensurate with the state of excitement to which we have just imputed it ; but this excitement is common to very different states of disease ; and alone, therefore, it is no source of the explanation of the phenomena of the disease.

In some cases, however, there is so far from being a preternatural diminution of blood, that disease is associated with a deficient energy of the function to which its presence has been imputed ; as probably happens in some kinds of suspended menstruation, and in paralysis of particular parts, where there seems to be a general shrinking or wasting of their structure. " The local increase of blood may be said to belong to irritation, inflammatory, and specific disease." We have an example of the first in that determination to the head which succeeds to exciting or depressing passions, to sudden impressions on the senses, or to the too free use of alcohol : In the second, we have the usual phenomena of inflammation, with the existence of fibrine on the surface of the crassamentum : As examples of the third, we may instance cancer, fungus hæmatodes, tumours, diseases of the skin, &c. A few hours before death, a distinct pulse may be felt in the carotid or temporal arteries, when it cannot be detected in the arteries of the wrist ; and the same thing has been observed in certain diseases, which have terminated in recovery.

The danger arising from local disease may often be appreciated by the rapidity of the pulse ; thus, says our author, we need have no fears about a case of synochus or typhus, in which there may be determination to the head, and perhaps delirium, if the pulse does not exceed 110, or even 120, in twelve hours after the rigour ; but, we may be apprehensive of fatal consequences, if it rises so high as 140 in the minute. In other diseases, the same remark will apply, and to a great extent in chronic diseases. Yet this, though generally, is not invariably true. Persons also are sometimes found in whom the pulse is no criterion of disease ; it being habitually from 110 to 140 in a minute, when at the same time they are in perfect health. Accidental circumstances will likewise cause a temporary dilatation of the arteries of a part, even greater than is ever met with in disease, and without the production of any bad effect, as there was no previous diseased state. In fatal apoplexy, the carotids are sometimes less dilated than in violent exercise ; and Dr. Pring has known fatal sanguinous apoplexy, where the face was pale, both before and after death, and where the circulation was rath-



er low than otherwise. It would appear that an accumulation of fat is a frequent, and probably a general provision against disease from excessive repletion. Thus in two men who are drunkards or gluttons; the one who gets fat enjoys good health, but the other who remains lean, is killed by his drunkenness or gluttony; that is, he will have fever and then local diseases, at first merely inflammatory, but sooner or later ending in disorganization. The author observes that, where there is disease with local determination of blood in some particular seat, the mere excitement of determination in another quarter, so far from curing, will perhaps aggravate the original disease, unless it be related to it, or of the same kind. If it were otherwise, nothing would be more easy than to cure diseases; and we can produce artificial determination of blood in a variety of ways. In gout we can produce inflammation or vesication in almost any part; but if they produce only their own independent effects, they are not curative. Thus, when gout has affected the head, and occasioned delirium, difficulty of articulation, &c. sinapisms applied to the feet, and blisters to the insides of the thighs and calves of the legs, when they fail to produce a metastasis of gouty disease, frequently irritate, and add to the severity of symptoms in the original seat of the disease.

If all diseases arise from a local determination of blood, their cure would be by no means difficult; blood-letting would in a very short time bring about a recovery or death; but bleeding is by no means a universal remedy. It is inflammation, where determination of blood is most evident; but even there the abstraction of blood is not a measure to be wholly depended upon; there are other remedies equally efficient. Many of these, says our author, agree with blood-letting in deriving fluids from an inflamed to an unaffected seat, but remedies are sometimes curative of inflammation which actually determine blood to its seat, and at the same time quicken the circulation. This effect is exemplified by arsenic in some forms of fever, and in some inflammatory and eruptive diseases of the skin, by sulphur; and by mercury, in diseases of the liver. In short, blood-letting is inadequate to the cure of some inflammatory diseases, and in others it absolutely produces a fatal termination. Such is our author's opinion; and we believe he is right, if he means that blood-letting is sometimes fatal in inflammatory diseases, from being carried too far. In pneumonia he has rarely found it necessary to take away more than 30 ounces of blood; and uniform success has proved to him that copious blood-letting is not so essential in that disease as has generally been imagined. He has even treated a case of pneumonia successfully without the

abstraction of a drop of blood. The patient, first of all, took a strong purgative of calomel, salts, senna, and jalap; he was then kept in a state of constant nausea, and occasionally vomited by means of squill, emetic tartar, ipecacuan, and nitre, in large doses: he was repeatedly purged; and the chest was once blistered. The symptoms, at first, were uncommonly severe, but the progress of no case was ever more favourable. In no case is the co-operation of bleeding, blistering, purgation, nauseating, or even emetic medicines, all producing their effects on the system at the same time, more strikingly beneficial than in those of bronchitis and croup. Our author observes, that there is no disease in which blood-letting is more forcibly indicated than in pneumonia, but he has commonly found two bleedings of 20 ounces each, within the first 30 hours, with perhaps a bleeding of eight ounces on the third day, and two or three smaller ones of five or six ounces in the course of the disease, do all that was to be expected from blood-letting. What will the advocates for a single bleeding, of perhaps 60 ounces in the beginning of the disease, say to this?

Dr. Pring speaks highly of the beneficial effect of mercurializing the system in cases of neglected bronchitis; and even in tubercular phthisis, he is inclined to think that in some instances mercury may do good, although he has generally found it difficult in that disease to direct its action to the salivary glands.—His experience is decidedly against venesection in every form of phthisis; neither is he an advocate for *much* bleeding in rheumatism, trusting more to purgatives, as calomel, elaterium, aloes, senna, salts, &c., and to full nauseating doses of emetic tartar and ipecacuan. He also found all the symptoms rapidly decline when the mouth became affected by the calomel; and after blood-letting, he has found chronic rheumatism yield to alterative doses of calomel and sarsaparilla. In the same disease he has used colchicum; but can say nothing more in its favour than this, that it is an uncertain purgative. In this, as in all other inflammatory diseases, he objects only to the *injurious* employment of blood-letting. In peritonitis, even, he trusts much more to purgatives than to either general or local bleedings. The first point, he says, in inflammation of the bowels is to overcome constipation; for when this is once effected the cure is in our own hand. His theory for this is to subvert the state of disease in the bowels, and perhaps to excite secretion throughout the intestinal canal. In this disease vomiting is generally present; but notwithstanding this, after premising blood-letting, the author gives purgatives repeatedly till the bowels are fully moved; for instance, six or eight grains of cal-



calomel, followed in an hour by a black draught, with half a drachm of jalap; and if this be rejected, he goes on in the same way every hour or two, only varying the purgatives. He also gives frequent soap glysters. The stomach and the doctor may thus fight for some time; but Dr. Pring assures us, that he has always been victor on these occasions. When the bowels are once fairly opened, he has never found any further occasion for blood-letting. In puerperal peritonitis he has followed the same practice; and if he has applied blisters or leeches near the seat of pain, it was chiefly to afford a pretext for covering the abdomen with a large bread and water poultice. He speaks favourably of spirit of turpentine combined with castor oil in this disease; and he says its beneficial effects proceed entirely from its purgative quality. In some cases of intestinal inflammation, when the above plan failed, he has given ten grains of calomel every six or eight hours, till salivation came on, which was quickly followed by copious stools; and after that, convalescence was maintained by purgatives of the weaker sort. In children, also, constipations, which had resisted every other remedy, have given way when the mouth has become affected by calomel. Even when peritonitis is attended by diarrhœa, purgatives are not the less indicated. In phrenitis, blood-letting is indispensable, but the cure will be much forwarded by purgative and nauseating medicines. In puerperal mania, blood-letting is less decidedly beneficial than purging. In flooding after delivery, determination to the head is not unfrequent; and here daily purgatives are of great service; of which the author gives a singular case as an example.

Our author now enters largely into the consideration of apoplexy; and in that disease he will not allow determination of blood to the head to be any thing more than a symptom, which blood-letting cannot cure, unless it be curative also of the disease. In apoplexy, he thinks that that remedy has been greatly over-rated; and he has narrated many cases, to shew that if the state of disease is one which tends to apoplexy, that result will occur in perhaps about the same time, either with bleeding or without it. Our readers may compare his opinions with those of Dr. Cheyne on apoplexy and lethargy. In the apoplectic seizures of drunkards, we have reason to think with our author, that blood-letting is a very equivocal remedy. To a certain extent, however, it is indicated in apoplexy both by principle and experience. In epilepsy, our author seems to think that great depletion is often hurtful. The same remark may be made on chorea, in which, although he trusts for a cure principally to purgatives, he recommends a small bleeding, with

the view of ascertaining how far the disease may be connected with inflammatory action. In nervous disorders of the head, he also disapproves of that remedy ; and when it is used to relieve urgent symptoms, he thinks that cupping or leeching is the best form of it.

Determination of blood to the head, Dr. Pring has often found vicarious of diseases in other parts ; and he has known it relieved by hemorrhage from the lungs, when much artificial blood-letting had been previously used to no purpose. We have then some remarks on hæmoptysis, and we observe that several of the author's notions on this subject are not dissimilar to those of Sir Alexander Crichton. They are all deserving, however, of the reader's notice. In determination of blood to the lungs, producing asthma, he has found a combination of nauseating, emetic, and purgative remedies, with blisters, or plasters with tartar emetic applied to the chest, more beneficial than blood-letting. In the same disease, also, where there is no organic disorder of the heart, he has found issues of great benefit. We regret we have not room to detail our author's valuable observations on diseases of the heart. We may remark, however, that he has found purgatives have often almost a magical effect in relieving patients from the pressure of fluid on the heart, lungs, and diaphragm ; and of this he has given a remarkable instance ; but the practice is by no means new. With some remarks on idiopathic and symptomatic dropsy, and evidence of the striking benefit of purgatives and mercurial action in both forms of the disease, the author concludes his chapter on determination. To produce, in all cases of determination, *the curative relation* of remedies with the state of the disease, is his grand object ; without which apoplexy will occur, after the system has been deprived of, perhaps, more than a hundred ounces of blood ; whereas, in metastases, which may have the necessary *relation*, a few ounces of blood derived from the original seat of disease, will have the wished-for curative effect. In short, while such a state of disease continues unsubverted, it is our author's opinion, that it will derive to its seat a relative preternatural quantity of blood, under the most extreme depletion, as long as any blood can be obtained.

Our author, in considering the theory which originates all diseases in the abdominal viscera, is decidedly of opinion that it is an erroneous one ; and contends, that the diseases of these viscera are themselves much oftener symptomatic than idiopathic ; and the stomach in particular, he imagines, suffers more now-a-days, than in former times, from the action of the brain being necessarily much more arduous and incessant. Dr. Pring



also thinks, that if there were not some peculiar habits or idiosyncrasies, affecting perhaps other seats, it would be a matter of very little moment what articles of food, or in what quantity, we should take into our stomachs. This theory, however, can do little harm, as the practice which it inculcates is generally the best that can be employed in relief of the symptoms which gave rise to the theory. We recommend to the reader's notice the remarks on the relations which abdominal symptoms have with diseases in other seats, and in the mode in which they reciprocally influence each other. The author's observations on dyspepsia are also valuable. In this disease little benefit is obtained from the blue pill during its use, but after it has been discontinued for some time, the stomach is generally found to have gained strength. When there is much nervous irritability, mercury is for the most part prejudicial in dyspepsia; and in the same state violent purgatives are also hurtful; but by no means so where the dyspepsia is accompanied with disordered functions of the liver, or chronic pain in the side or stomach. Dyspepsia has also been much relieved by issues, and particularly when the habit is scrofulous, and the patient disposed to diseases of the skin. Most diseases of the skin, Dr. Pring thinks may be cured; and the cure is brought on by remedies which substitute an artificial for a natural diseased action, or by such as act on relaxed seats, and which may be regarded as means of revulsion. He thinks that the bowels act more regularly under a full and indiscriminate diet, than under a spare and select one; and that a milder purgative, taken during dinner, will have a greater effect in regulating the bowels than when it is taken at any other time. He seems to discountenance the idea of going to stool regularly at a set hour; and thinks it a matter of indifference whether he eat of one dish or many.

From the author's chapter on the origin of disease in the NERVES, we see nothing worthy of being extracted. It is an opinion very generally prevalent, that most diseases have such an origin; and so thought our author once, but now, it seems, he is a determined *anti-nervist*.

We now enter on the chapter entitled RELATIONS OF DISEASES. Diseases, says Dr. Pring, are said to be related, when a disease in one seat produces or modifies a disease in another. For example, if a person accustomed to hemorrhoidal discharges should have a suspension of them at the wonted periods, and then, suffer vertigo, pain of the head, &c. we have reason to infer that a relation of cause and effect subsisted between the cessation of hemorrhage from the rectum and the symptoms of ver-

tigo ; and this relation would be more perfectly confirmed, if, upon the return of hemorrhoidal discharge, the symptoms of vertigo, &c. ceased. The same relations may be observed between a cutaneous eruption and an internal disease ; and we do not allow the relation to subsist unless we have repeated experience to justify our inference. If disorder of the stomach or lungs be observed repeatedly to follow the disappearance of a cutaneous eruption, and to cease on its return, we should infer the relation of cause and effect ; but if a steatomatous tumour, or a urinary calculus should be formed on the cessation of a slight attack of erysipelas, we should not be justified in coming to a similar conclusion ; as in the latter instance the secondary diseases bore no resemblance to those which we know by experience to be produced by this cause. But no where is the difficulty of discriminating causes more strikingly exhibited than in cases of related disease ; although, from the most remote times, such diseases have been noticed both by physicians themselves and by the vulgar. Such relation is also what Dr. Parry has called the cure of disease by conversion. In many instances there is a propriety in not resisting secondary diseases, or of irritating them in others, when they are likely to be curative ; for, as is well known, there are lethal as well as curative metastases or conversions. In the same class of disease may be included also what is commonly called *sympathy* ; such as pain in the shoulder from diseased liver, vomiting from calculus in the ureter, &c. We regret that we cannot enter more at large upon this subject, and must therefore refer the reader to the work itself, or to another of the author's works, *Indications which relate to the laws of Organic Life*.

On the GENERAL PRINCIPLES OF PATHOLOGY. Dr. Pring observes, that the common sense of the profession has been generally against the adoption of any one system. We should content ourselves with classing facts, arranging phenomena, and deducing laws from them, and should relinquish the vain ambition of specifying efficient causes. Were we to go farther with the author on this subject, we should only walk over ground which we have already crossed, or bewilder our readers with metaphysical speculations on life and organization, and their mutual connections.

Speaking next of the speculative doctrines of therapeutics, our author very justly observes, that whatever doctrine of disease may have prevailed, the same remedies have very generally been employed ; and it is by experience that the career of medicine, to a great extent, has been directed. Theory has been merely busied in forcing a conformity between facts and



doctrines. This is proved by a rapid glance at the theories of the most celebrated pathologists. If, indeed, as our experience proves, states of disease which resemble each other may be cured by opposite means, that principle is at least defective, which assumes that only one treatment can be appropriate or successful. In such a case, it is our part to select the safest and the best. The remainder of this chapter is little more than a summary recapitulation of the previous parts of the work, which it would be an idle waste of time to reconsider.

In the last chapter on the PRACTICAL PRINCIPLES OF THERAPEUTICS, we have not been able to detect a single observation which is not familiar even to a Tyro in the profession, he seems indeed to have become weary of his task as it drew to a close ; and therefore we shall here close our very imperfect abstract of a work which possesses intrinsic merit, which abounds with many original and ingenious speculations, and which inculcates an enlightened, a bold, and perhaps, in some instances, a dangerous mode of practice. Of this, however, experience will be the best test. The author writes well ; but we wish his style had been a little less diffuse ; and that he had not, in almost every chapter, laid down such a lengthened line of propositions, which can serve only to weary the attention and confuse the memory of the reader.

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## MONTHLY SUMMARY OF PRACTICAL MEDICINE.

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### I. ANATOMY AND PHYSIOLOGY.

#### M. FODERA, *On Absorption*.

A paper, recently read to the Institute, contains the result of various interesting experiments on absorption and exhalation, by M. Fodera. The object of this physiologist is to show that exhalation, which he denominates transudation, and absorption, which he calls imbibition, are in reality the same phenomenon, arising from the imbibition of different vessels, operating in the first case from the interior of the vessel outwards, and in the second from the exterior inwards. Majendie had been led to conclude that venous absorption was effected by imbibition ; and

one of the experiments leading to this opinion was that of insulating a portion of a venous trunk, and placing its surface in contact with a poison: the presence of this within the vessel was soon manifested. M. Fodera has reversed this experiment. He injected a poisonous substance, with all necessary precaution, into a portion of artery confined between two ligatures, and insulated, not only from the cellular texture, but likewise, he informs us, from the lymphatics and *vasa vasorum*: the poison took effect. He obtained the same result on filling a portion of an artery, vein, or intestine, with the poison; removing them, and placing them either in a wound made in another animal, or in the abdominal cavity. The rapidity of the poisoning in these cases varied according to the age and species of the animal, the thickness and length of the portion of vessel or intestine used, its more or less complete distention, and the degree of solubility of the poison. The same phenomena presented themselves when sulphuretted hydrogen was employed.

If an artery or vein be laid bare in the living animal, an oozing is observed to take place through the coats of the vessel. This oozing is increased if a ligature be applied, and dropsy may be produced in this manner. From these facts, M. Fodera concludes that exhalation is only a transudation through the vascular parietes; and many physiologists thought so before the existence of exhalent vessels was suggested.

M. Fodera has likewise devoted considerable ingenuity and research to the explanation of the phenomena which attended the rapid passage of various substances from the stomach to the bladder, by which it appears that the experimentalists of this country were mistaken in supposing that such transition was effected by some other than the ordinary medium of the lymphatics or blood-vessels.—M. Fodera introduced a catheter, with a cork adapted to it, into the bladder, and then injected a solution of prussiate of potass and iron into the stomach; as soon as the salt was detected in the urine, (an occurrence which in one instance took place in ten, and in another at the end of five minutes,) the animals were instantly opened, and the prussiate was found in the blood of the vena cava inferior, of the heart, and of the aorta, in the thoracic duct and other parts. These experiments, if found by others to yield similar results, must be admitted as proving both the extreme rapidity of absorption, and that the communication between the stomach and bladder must be looked for in the usual course of the circulation.

The celerity with which absorption is effected in some organs, is rendered still more striking by experiments upon the lungs.



M. Fodera injected prussiate of potass into the trachea, and cut out the heart of the animal (a rabbit,) as soon after as possible. The operation was performed in twenty seconds; and, notwithstanding the shortness of the time, the interior of the left auricle was stained of a greenish-blue colour, which was deeper in the mitral valve, and less apparent, although still perceptible, in the aorta. It will be observed that the results detailed by M. Fodera agree, in general, with those obtained by Majendie.

[*Med. and Phys. Journal.*

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## II. SURGERY AND MIDWIFERY.

### Dr. SEILER'S *Successful Case of Trepan.*

On the 16th Dec. 1817, as F. Bergholte, aged 16, was passing over the threshold of a house in the dark, he was precipitated into a cellar by the falling of a log of wood, and fell senseless to the ground. His head was severely wounded and the loss of blood considerable. Dr. Seiler arrived an hour after the injury and found his colleague, Dr. Rode, and some surgeons examining the wound, having already taken some blood from the arm. The patient was still senseless and speechless. On the left side of the head, at the temporal edge of the parietal bone, was a lacerated wound an inch and a half long, and the bone as well as the integuments was higher on one side than on the other. There was a degree of nausea, and at times actual vomiting. The patient occasionally seemed sensible though unable to speak. The pulse was quick, small and oppressed. The outer edge of the depressed bone was so firmly fixed that it could not be replaced by the lever. The symptoms still continuing, a crucial incision was made and the integuments separated from the bone. It was then found that the depressed portion was in the middle of the parietal bone; that it was 3 inches long, and 2 wide; that its outer edge was firmly fixed under the temporal part of the parietal bone; and that its inner edge was an inch distant from the parietal suture. The necessity for its removal was more obvious, as it was probable that the dura mater was wounded. Two trepan crowns were therefore placed along the sagittal edge of the depressed bone in such a manner as to act in part on the detached piece, and in part on the undepressed bone, the pressure being chiefly made on the latter. The operation was effected without any injury to the dura mater or important bleeding from the bone. When the two pieces of bone, corresponding to the crown of the trepan were removed, there remained between them a space some lines across and

cracked through at the point where the depressed bone lay in contact with the sagittal part of the parietal. The depressed bone was now raised to its natural level; it was very moveable and its lateral attachments so slight that it was easily removed. It was discovered that its outer edge had been forced by the injury, one line under the temporal edge of the parietal bone, at which point it had torn the dura mater to the extent of an inch and a half, and penetrated the brain, portions of the latter escaping into the wound.

In spite of these injuries the improved state of the patient excited hopes, for as soon as the bone was elevated he woke as from a dream; he spoke, though imperfectly, and recognized those around him. The pulse which had been depressed, rose to 100 and became fuller. Although the injury was on the left side, the right arm was perfectly paralytic. The openings in the bone was cleared of spiculæ and filled with charpie; the soft parts were brought together with sticking-plaster, some charpie being interposed on the temporal side. The head was kept wet with Schmucker's cold lotion; nitre and neutral salts Infus. Arnicæ given internally, the antiphlogistic regimen followed, and the bowels evacuated by enemata. This treatment was pursued during the 17th and 18th, the patient being tolerably well, with little fever. He complained of slight pain in the head and occasional nausea, but was much relieved by the frequent renewal of the cold lotion. He slept for some hours, and spoke, though indistinctly; the right arm though sensible remained paralytic. The lacerated part of the dura mater and its vicinity appeared likely to slough, and at every dressing about half a tea-spoonful of brain was removed from the wound without causing pain.

On the 19th the fever was considerable, the wound dry, the dura mater tense and red. On the 20th the fever was more moderate but attended with gastric symptoms, such as foul tongue, bitter taste in the mouth, tenderness of the præcordia and region of the liver. As the enemata had not acted satisfactorily on the bowels, he was ordered to take some ounces of Laxative Infusion. Vienn. which operated and alleviated the symptoms. The wound presented the same appearance. On the 21st the patient was so much better that the cold lotions were given up. On the 22d the wound had an irritable appearance; there was a considerable quantity of matter and a part of the dura mater seemed about to separate; portions of brain were still removed at every dressing; the pulse was about 100 and oppressed. A stimulant liniment was ordered for the arm. About noon Dr. Seiler was suddenly sent for; on his arrival,



he found that the patient had been attacked by most formidable convulsions. All the muscles were in motion ; the powers of sense and speech were lost. Dr. Seiler immediately resolved on removing the narrow portion of bone which lays between the two circles removed by the trepan. Scarcely was this done when the convulsions ceased, the patient awoke as from a dream, he spoke more clearly, the arm became more moveable and the pulse rose. The piece of bone had not any splinters on its under part ; the pressure seemed to have been caused by the elevation of the brain and dura mater.

On the 23d the patient complained a little of headache, together with pain in the chest, cough, and hoarseness. The suppuration was more healthy, and the wound began to granulate.

24th, the wound improved ; portions of the dura mater half an inch in length had separated. 30th, all proceeding well, the wound was full of granulations, which arose from the edges of the dura mater and surface of the brain ; they were very luxuriant and rose above the edges of the bone, as though pressed up by the brain. Their colour was not so florid as in common wounds, but white with a reddish tinge. The wound was dressed with lint, and pressure made by compress and bandage.

Jan. 10. A piece of bone which appeared to be one of the corners left between the crowns of the trepan, appeared in the granulations and was removed by the forceps. On the 20th another portion was removed in the same way ; the power of speech improved daily, and the right arm became more capable of motion. Small portions of bone continued to separate for three weeks ; after that time the granulations sunk to the level of the bone and the wound began to heal rapidly. In the middle of March the patient was removed to his home some distance from Hoxter. Nothing was perceptible but a depression and cicatrix of the soft parts. He was advised to wear a plate of lead as a protection.

In April, 1821, Dr. Seiler had an opportunity of seeing him and found that the depression on the head was much less, and that the edges of the bone were considerably approximated. There was an evident pulsation, but pressure on this spot did not produce any uneasiness.—*Journal of Foreign Medicine.*

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**Mr. PAINTER's Case of Ovarian Fætation.**

ON the 13th November, 1822, I was called to attend Mrs. —, aged thirty-eight, of a full habit, who had been married

many years, had never been pregnant, who had now a second husband, and had but recently returned from the continent. She complained of pain in the loins, extending around the lower part of the abdomen to the pubes; she had also headach, was restless, could not bear the least exertion, and had great nausea after every thing she took, whether in a solid or fluid form. Her pulse was 90, full, and hard. I bled her to the extent of twenty ounces, and prescribed a draught to allay the irritation of the stomach. I afterwards gave her a saline purgative, which produced copious evacuations, and repeated the anodyne draught at bed-time.

14th.—She passed a restless night from excess of pain, which she described as being like to difficult menstruation; and although she had never suffered in so severe a manner from the accession of that evacuation, which had always been regular until her present illness supervened, yet she considered her complaints to arise from that cause, not having menstruated for upwards of two months. She had complained, for the last five years, of symptoms referrible to the uterus; and had, three or four years ago, consulted an eminent Accoucheur, on account of her ailments, which at that time were chiefly characterized by pain occasionally coming on violently across the lower part of the abdomen, remaining a few days, and afterwards subsiding again: he told her that he apprehended cancer of the womb, which she afterwards dreaded; but these complaints appear to have subsided, in some degree, for a considerable time before her present attack.

At this visit, I ascertained that she had some mucous discharge, which was slightly coloured, and which had been present for some days; she also complained of a troublesome cough, at every effort of which she screamed with the acuteness of her pain, which occasioned a sensation described by her, as if something would force itself away, and tear her inside to pieces: she felt also a constant sore pain in both groins. These complaints were not increased by pressure, but her corpulence prevented me from ascertaining, in this manner, the existence of any tumour in the lower abdomen or pelvis at this period, which her symptoms seemed to indicate. Fomentations and opiate liniments were directed to be used frequently; and the internal medicines formerly ordered were continued, with the addition of an emulsion for the cough.

15th.—The pain regularly came on every ten or fifteen minutes in a more violent manner than before. I prevailed on her to allow an examination, that I might satisfy myself, if possible, as to the real cause of her indisposition—the os uteri was dis-



tinctly felt, the cervix being longer and thicker than is usually the case in the early months of uterine gestation. No pain was excited in this organ by the touch, but the instant I attempted to pass my finger towards the posterior part of the vagina, the severest pain was occasioned; and at this time I discovered a tumour, something larger than a goose egg, situated behind the os uteri, high up and rather to the left side, having much the feel of hardened fæces, which, indeed, it might easily have been mistaken for, had not the bowels been kept regularly open.

December 28th.—The vaginal discharge became very red, and in rather larger quantity, together with bearing down pains, which were rather frequent and sharp, and which seemed to threaten abortion. Bark and acids, with opium, were resorted to with success. Whenever the pains were violent, I bled her, which generally relieved her; and I continued to visit her every two or three days until the beginning of February, during which month my visits were less frequent, as she became more free from that continued pain which she had experienced during the former period of my attendance, and began to look forward to the approaching season of her confinement, hoping then to get a final release from her sufferings.

By the latter end of February she had so far recovered as to be able to visit her friends, and on one occasion ventured to ride, in a stage coach, the distance of ten or fifteen miles, without material inconvenience, till a morning or two after her return, when she was found by her servant in a swoon, lying on the floor; she soon recovered, and therefore did not take particular notice of the occurrence. On the 10th of March she dined with some friends in the city, three miles from her residence, came home early in the evening, and took a light supper. The morning following, I was called in haste to see her; she was on the sofa in a fainting fit, from which she was with difficulty restored; at every attempt to raise her she swooned afresh. As soon as she was sufficiently recovered, she was put to bed, when she complained of violent throbbing in the pelvis, extending to every part of the abdomen, and accompanied with great thirst, sickness, fainting, a violent bearing down pain, and a constant inclination to make water. I examined, and found the tumour occupying a much larger portion of the pelvis than formerly; but as no fluctuation was perceptible, I could not compare it to any thing else but a collection of hardened fæces in the rectum; an examination per anum conveyed the same feeling. I ordered an emollient enema to be injected, prescribed opiates to allay the violence of her pain, and bled her, the pulse having become strong and frequent. The os uteri was not

much altered since my last examination, yet she considered herself in the eighth month of pregnancy, and, fully conceiving herself in labour, desired me not to be from home ; the pains were so acute, that she declared she could not survive greater agony, and that it was like tearing her to pieces to move even her limbs. The night became one of extreme anxiety and restlessness ; thirst, sickness, and fainting continuing, which no remedies would relieve. I visited her early in the morning, being the 12th, and despatched a messenger for Dr. Gooch. In the interim, I prescribed a saline draught, and was again sent for in great haste about half-past twelve o'clock. She had been out of bed to the night chair, where she fainted. I assisted her friends in placing her on the bed, and sent for my neighbour and friend Mr. Scott, Surgeon, of Romney Street, who came directly, but not in time to see her before she expired, which took place a few minutes after I came to her assistance.

This unforeseen event induced me, in concert with Mr. S. to propose to her friends the chance of saving the life of the infant by the Cæsarean section, which proposition Dr. Gooch, who had by this time arrived, joined us in recommending, and which being acceded to, I immediately performed.

*Dissection.*—Having divided the abdominal parietes from the umbilicus to the pubes, a large quantity of fluid and coagulated blood escaped, to the amount of several quarts, and exposed to view a large substance, very much resembling, in size and appearance, the head of a foetus protruding from the external surface of the uterus ; but which, on closer inspection, I found to be the larger one of two semi-cartilaginous substances, growing by small necks from near the right horn of this viscus. After removing the blood, which was diffused in every direction among the bowels, the uterus appeared perfectly entire, but irregularly and enormously enlarged. Turning a little to one side, I found the foetus, which was lying close among the intestines, and immediately directed my finger along the umbilical cord to the placenta, which was firmly attached within a membranous sac on the left and posterior side of the womb. I removed the foetus, which was a female about the fifth month : it appeared to have been dead some days. I afterwards removed the uterus and parts connected with it, together with the foetus : the whole weighed, in their exsanguineous state, upwards of six pounds. The parts concerned in this extraordinary case are preserved and in my possession.

At my leisure, I separated the placenta, which adhered firmly to the substance of the ovarium and to a great part of the internal surface of the membrane which enveloped the foetus ;



I afterwards made a section of the uterus, commencing an inch from the os tincæ, and carrying it through the antierior part of the fundus. This viscus was enlarged and diseased in a remarkable degree: its parieties were very greatly thickened, and in a very irregular manner, owing to the development of tumours in its texture, which appeared to originate in an infiltration of lymph, which had become organized, and presented a dense and semi-cartilaginous appearance: this had taken place chiefly towards its external surface, giving the uterus an irregular form. Two of these tumours protruded from this viscus, as was just noticed, and were attached to it by narrow pedicles. The internal surface of the uterus was regular, and presented an appearance resembling the decidua: the uterine cavity was not much enlarged. On inspecting narrowly the internal surface of the womb, in order to find the canal running from the cornua into the Fallopian tubes, this passage could not be detected; and on making the examination from the fimbriated extremities, after having detached some of these fimbriæ from the adhesions they had formed, the Fallopian tubes were ascertained to be quite impervious throughout. The right ovarium was entire. The fœtus was formed in the left ovarium; the duplicature of the peritoneum enclosing this organ constituted the more external covering of the fœtus; its internal one was its own proper membranes. The placenta was intimately connected with the structure of the ovarium, and appeared to be attached to it without any intervening texture. The placenta was consequently supplied from the vessels of the substance of the ovarium; no other vessels than those belonging to this viscus could be observed to be externally connected with the sac enclosing the fœtus, and those were greatly enlarged. The rupture of the enveloping membranes, which occasioned the fatal hæmorrhage, had taken place on their superior and anterior sides, not far from the womb, and had torn a portion of the placenta. \* \*

Dr. Granville has lately recorded, in the Philosophical Transactions for 1820, a case of ovarian fætation, which came under his observation, which is very similar to the one I have described. The fœtus had reached the fourth month before it burst the membranes enclosing it; in that case, also, the Fallopian tubes were impervious, and the decidua apparent on the internal surface of the uterus.

The most remarkable particulars connected with the case which I have now endeavoured to describe, are:—1st, The circumstance of impregnation having taken place for the first time at so late a period of life, and after chronic disease had existed for several years in the substance of the uterus. 2d, The na-

ture of this disease itself, which had been present five years before the patient's death, and which seems to have been a slow inflammation of the substance of the uterus, giving rise to tuberculous productions both within its walls and on its external surface, without, however, having injured the texture of the ovaria. 3d, The completely impervious state of the Fallopian tubes.—*Lond. Med. Repository.*

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### III. PATHOLOGY AND THERAPEUTICS.

#### DR. COPLAND on "*Cerebral Excitement.*"

The current of opinion has lately set strongly in favour of the supposition—for it was no more than supposition,—that, wherever symptoms appeared which might be referred to cerebral excitement, there must consequently be inflammation, general plethora, or local determination. That the last named state of the circulation may be often present under such circumstances, we will readily allow; but that either of the other two conditions should exist, or be necessary to the production of the manifestations in question, is perfectly gratuitous, and what we positively deny. In support of this we can refer to facts derived from experiment and observation. Bleed a man, or any other animal, frequently, largely, but gradually, either when in good health, or when suffering under some disorder not connected with cerebral excitement: as a consequence of such conduct, if the depletion be carried too far, we shall have symptoms denoting determination to the brain; if farther depletion be instituted, delirium will generally supervene; and even if depletion be carried so far as to produce death, the cerebral derangement will be manifest to the last moment of existence: on dissection, while all the other textures shall be found entirely deprived of blood, the brain will generally evince more than natural vascularity, and always an infinitely greater fulness of blood, relatively, than any other part of the body. We will allow that those effects are not observed if very large quantities of blood are lost, so as to deprive the animal of life in a very short space of time; but here the reason is obvious—the animal dies before the vascular system is accommodated to the mass of blood circulating in it. Now, we assert that we have observed those phenomena which we have described, and have seen those appearances in individuals whose life we consider to have been lost by ultra-depletion; and we farther know that the same phenomena have been uniformly noticed in experiments on the lower animals. But we shall be excused if we briefly illustrate



this important point by more familiar examples. How often is it observed in profuse uterine hæmorrhage, that when the patient is but just saved from the immediate loss of blood, great care is requisite to save her from the nervous derangement which uniformly supervenes! Irritative fever is always the consequence, and is more immediately the consequence of the local determination and irritation to which the brain is subjected, notwithstanding that the state of the parts concerned in the process which she had previously experienced might be supposed to divert irritation from that organ. In such cases the arteries running to the head beat violently; sensation is quick and lively; the least irritation of the organs of sense, or excitement of moral affections, is apt to induce delirious manifestations; the lower extremities are pale, shrunk, and cold, while the head is hot and painful, &c. Now, we all know the treatment which alone succeeds in those cases, which treatment farther illustrates that peculiar state of the vascular system, and of the blood itself, in which the cerebral excitement originates. But not only is local determination, and especially to the brain, the consequence of depletion; it still more familiarly supervenes to a low state of the vital energies of the system: the individual, in whom those energies are perfect, seldom is subject to those disorders which depend upon local plethora or excitement: it is principally those, in whom the vital or nervous powers of the constitution are greatly weakened, who experience local determinations, or those derangements of the circulation in the brain which are evinced by corporeal and mental derangements. It is chiefly to those individuals that the dictum, "*ubi irritatio ibi fluxus*," is strictly applicable; and whether the irritation be of a physical or moral nature, the effects will be apparent and commensurate with its intensity, or with that disposition of the system to which we have alluded.

While we thus contend against certain doctrines which have been lately carried to a hurtful and unscientific extent, let us not fall into the opposite extreme, but let us seek after an intimate acquaintance with the operations and laws of nature, and make them our guide: under such direction we shall shun the more prominent difficulties which surround the exercise of our Profession, and in which we shall inevitably become entangled as soon as we lose sight of such guidance, and generalize our pathology and practice beyond the data which a sound observation and experience of the manifestations of nature authorize.—  
*Lond. Med. Repository.*

*MR. HUTCHINSON'S Cases of Neuralgia.*

Miss Tongue, residing at Halloughton, in the county of Nottingham, the subject of the following brief narrative, a young lady between twenty and thirty years of age, began to experience intermitting, and not very violent, pains in the right side of her face, at so remote a period as six or seven years ago, which, being considered by herself and her friends of a rheumatic character, or probably rather the effect of failing teeth, were not deemed of sufficient importance to excite any marked attention. The very long continuance, and the dreadfully increasing severity of this pain, at length compelled this young lady to seek for some relief; and, induced by the circumstance of two young ladies, friends of my patient, afflicted with the same malady, and cured by the methods which I had publicly recommended, I was consulted on the case in the middle of the month of December, 1822. My patient was of a pallid complexion; of her general state of constitution not complaining; the catamenia and bowels observing a regular and very healthful action.— She described her pains as coming on in an instant; sometimes above, and at others immediately below, her right eye; sometimes at the side of her nose; at others extending over her upper lip, producing swelling and inflammation of her gums, and considerable discoloration of her face. The pains were described as of the most lancinating and shooting kind, frequently depriving her of rest, and of the power of mastication. She had the indulgence and luxury of but few intervals of ease, and was in the greatest despair of finding a remedy for her sufferings. I could have no hesitation in pronouncing this a genuine and most severe example of *tic douloureux*. The immediate seat of the nerves thus morbidly affected, and the most probable mode of affording relief to their agonies, were equally manifest. The superior maxillary, as it passes through the foramen rotundum, the first branch of the fifth pair, the ophthalmic, and that branch of the ophthalmic which goes to the lachrymal gland, were the nerves principally instrumental in the production of these miseries. The third branch of the fifth pair, the lower maxillary nerve, and the portio dura of the seventh pair, distributing its ramifications to most parts of the face, and communicating with several of the fifth pair, were partakers also in the torments of this young lady. Every mode which had been adopted having failed to give any relief, I began my curative assault by a brisk operation on the *primæ viæ*, by means of an evening dose of calomel, succeeded by a saline purge; after two doses of which, I prescribed one drachm of the subcarbonate of iron three times



a-day, and two anodyne pills at bed-time, consisting principally of the extracts of hyoscyamus and stramonium. After a few days' perseverance in this plan, a very-considerable diminution of pain, both in its duration and severity, was most happily experienced, without producing the least unpleasant effects or inconvenience of any kind. This state of convalescence was daily and most satisfactorily improving, until my patient was unfortunately exposed to the rigorous cold of one of the very winterly days of last January, from which she experienced a smart catarrhal attack, and a recurrence of the pain in her face. A few days continuance of febrile symptoms rendered the use of the iron improper, but which was resumed with confidence on their removal. My patient again was rendered happy by the gradual abatement of her formerly inveterate enemy, and in the course of another fortnight was perfectly well. I have had the pleasure of seeing the young lady within the last day or two; and she has the satisfaction of assuring me, that, on exposure to the late very inclement weather, she has felt no return of her pains.

Miss Mary Clarke, of Normanton, near Southwell, twenty-two years of age, of a fair and florid complexion, has been occasionally subject to very severe painful affections, during the last six or seven years, in the left side of her face. My opinion and advice being requested, I accurately examined the state of the mouth and teeth, and found one of the lower molares in a very diseased state; but, as the pain had never assailed that particular tooth, and was generally situated in the upper jaw, I could do no otherwise than acquit it as being the cause of my patient's very distressing sufferings. The general state of her health was unimpaired, and her painful paroxysms were always exasperated by the irritation of cold air, or the application of cold water either to her mouth or face. Her nights were usually restless; and, at one or two o'clock every morning, she was awoken by the most tormenting spasms attacking the parts in the immediate neighbourhood of the ear, the side of the nose, the under and upper parts of the orbit of the eye, and sometimes extending its influence to the integuments of the parietal bone of that side. The pain usually began with a sensation of twitching and convulsive agitation, observing a regular ticking, similar to the oscillations of a clock pendulum. These tortures would continue one, two, or more hours; were never uniform in the term of their duration, nor in the severity of the pain, but invariably exact in their periodical visitations. In this state of misery my young patient continued for five or six years; her days being frequently rendered most irksome, as well as her nights most distressing, and all the usual routine of medicine and ano-

dyne applications proving equally inert. The tortures of this young lady were manifestly situated in the second branch of the fifth pair of nerves ; in the portio dura of the seventh pair, denominated of late, by Mr. Charles Bell, the respiratory nerve of the face ; those branches of the fifth pair distributed among the bones of the face to the eyes, nose, mouth, and tongue ; the superior maxillary ; the posterior auris ; the stylo-hyoideus ; and that branch which supplies some of the deep muscles, and joins the laryngeal branch of the eighth pair. The functions of the chylopoietic and of the uterine system were very healthily performed ; and I commenced my attack on this painful and truly distressing case by a mild dose of calomel, succeeded on the following morning by an aperient draught, which operated satisfactorily. I then prescribed one drachm of the ferri sub-carbonas to be taken three times a-day, mixed in honey or treacle ; and an anodyne at night, consisting of the extracts of stramonium, hyoscyamus, conium, and humulus, with a small proportion of James's powder. On the second night after the adoption of this plan, my patient's pains had very considerably abated ; and, by a regular perseverance during the ensuing six weeks, a progressive state of amendment took place, until the disease became wholly subdued ; and she is now enjoying the blessing of a perfect liberation from all her former neuralgic tortures.—*Lond. Med. and Physical Journal.*

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*Mr. GAITSKELL's Case of Cynanche Laryngea.*

W. G. forty-six years of age, dark complexioned, and of an inflammatory diathesis, was attacked suddenly, about eight in the evening of Sunday, February 11th, 1810, with a pain on the right side of the root of the epiglottis, which, at first, was only felt at the time of deglutition.

A month previous to this he had been much exposed to the inclemencies of the weather, particularly at night, which was cold, wet, and variable. By this was induced a catarrhal affection, with occasional sneezing and uneasiness in the frontal sinuses, but without any general illness.

When the pain in the throat commenced, the other irritations subsided. About twelve at night, four hours after the attack, rigours came on, succeeded by heat, and extension of the inflammation to the epiglottis, palatine arches, tonsils, velum pendulum, and uvula.

The violence of inflammatory action, on organs so delicately constructed, created alarm, and professional aid was requested.



About one in the morning, blood was taken from the arm, the movement of the bowels promoted by calomel and purgative medicines.

At seven the next morning, there being no mitigation of symptoms, but an increase of the febrile action, the bleeding was repeated. About one in the afternoon of Monday, Dr. Babington, Sir Astley Cooper, and Mr. Joseph Gaitskell, very kindly combined their opinions, and recommended, the constitutional symptoms being abated, the application of leeches to the throat, with scarifications of the tonsils and uvula; and these to be assisted by hot stupes of chamomile tea and the frequent inhalation of vapour, while the calomel and purgatives were continued. By these means some dark coloured motions were procured; but the blood appeared perfectly healthy.

At ten the same evening the professional gentlemen visited their patient, and finding the fever increased, with great irritation of the glottis, and the power of articulation suspended, they ordered a repetition of bleeding, a blister to the throat, antimonial powders every four hours, with pediluvia, and the purgative in the morning. In a few hours a slight perspiration came on, which it was found impossible to encourage, from the restlessness of the patient, and the inability to breathe except in an upright position of the trunk. The body was supported by a bed-chair to prevent suffocation, which the œdematous state of the uvula and accumulation of mucus threatened. The internal fauces were frequently lubricated by barley water carefully swallowed; and the cold pulp of roasted apples was found peculiarly grateful. These liquids occasioned great pain in deglutition and a teasing irritation to cough. In fact, deglutition was difficult and highly distressing, requiring the nicest attention, both in selecting the consistency of the fluid, and the mode of performing the office.

On Tuesday the symptoms were relieved, but in the evening, a fresh exacerbation coming on, the bleeding was obliged to be repeated. The night was passed with an abatement of fever, but with great inquietude, from the accumulation of mucus in the throat. The next morning, Wednesday, every symptom was moderate, and convalescence seemed nearly approaching; but, with the evening, the difficulty of respiration again returned, with such irritation of the tracheal membrane, as to endanger suffocation. Bleeding was resorted to again, when slight deliquium came on, and the symptoms immediately yielded.

From this time inflammatory action ceased, copious secretion took place both from the fauces and tracheal tube, which, by its viscosity and quantity, was so distressing as to require the aid of

an emetic. In a few days the secretion ceased, and convalescence was complete.—*Lond. Med. Repository.*

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*Dr. CARTER'S Case of Epilepsy.*

George Turner, ætatis thirty-five, soldier, was admitted an out-patient of the Kent and Canterbury Hospital, March 8th, 1822, with hemiplegia, affecting the left side, and epilepsy. The paralytic affection came on while he was serving with the army in Spain, and he attributed it to cold and damp. He was discharged as unfit for service, with a small pension, and has since lived very poorly. His first epileptic seizure occurred on Christmas eve, 1820, without any previous warning. From the above date, to the period of his becoming an out-patient of the hospital, he had experienced frequent attacks—sometimes every day, sometimes several times a day for a week together, sometimes at more distant intervals. His countenance was dull, his eyes were heavy and void of expression. His intellects appeared to have sustained a rude shock. He complained of drowsiness, loss of memory, and fulness of head, which had induced him to apply to a Surgeon to bleed him. The Surgeon, however, declined, on account of the patient's extreme debility. His pulse was frequent and feeble. His tongue was furred, and his bowels were constipated. Considering all the circumstances of the case, I judged it expedient to put the patient upon a tonic plan of treatment, not neglecting purgatives as often as required. I was, however, compelled to interpose topical blood-letting, by means of leeches and cupping, and to apply blisters. The former afforded temporary relief—the latter seemed to be of no service. At length, May 17th, a seton was made in his neck. About this time his bowels had become so exceedingly constipated, that common purgatives had no effect, and I prescribed pills, containing one drop of croton-oil, to be taken as often as might be necessary. This medicine answered extremely well for some time, and the patient's general health certainly improved, but he never had above three weeks' respite from the fits. He was discharged September 27th. On the 28th October he again applied to me, having experienced frequent and severe attacks since he left the hospital. As an act of charity, he was again entered upon the books. In addition to his former symptoms, he now was troubled with cough, and considerable oppression referred to the scrobiculus cordis. Chiefly, I confess, with a view of relieving these symptoms, I directed him to use the tartar emetic ointment. He commenced its em-



ployment, October 31st. Its specific effects quickly showed themselves, and, when I saw the man again, November 7th, the eruption was very great and painful. Sloughing of the integuments took place, and the discharge became very profuse. To allay the pain, fomentations and poultices were now resorted to, and a piece of linen, spread with the ointment, was laid over the sore. On the 22d, the eruption had extended over the whole of the trunk. This caused excessive irritation for several days, which gradually died away. There had been no return of the fits since the 31st October.

December 6th.—He begged to be allowed to discontinue the use of the ointment for a time, on account of the intolerable burning pain which it occasioned. It is to be observed, that the pills of croton oil had entirely lost their power, and he was therefore directed to take *elaterii*, gr 1-4, *pro re nata*. Leeches also were again applied to his temples, as he complained of shooting pains in his head.

20th.—No return of epileptic attacks. The ointment had been resumed, the sore having shown a disposition to heal, and there was once more a profuse discharge. The pain, however, was so intense, that the remedy was again of necessity suspended. The *elaterium* pill, taken almost daily, procured one plentiful evacuation.

Throughout the month of January the patient remained free from attacks. The discharge had been kept up by *savine* ointment.

March 24th.—The sore was nearly healed. There had been no recurrence of epilepsy, but unpleasant sensations about the head had returned. He was directed to rub in the ointment on the left arm, for he could not bear the idea of its being again applied to the chest; and, moreover, I hoped that the paralytic affection of the arm might be relieved by the stimulus of the ointment.

At the present date, April 14th, the subject of the above case remains free from epilepsy; and, from the foregoing narrative, it seems clear that, if any remedy has exerted an influence over Turner's complaint, that remedy has been the tartar emetic ointment; and since, previously to his commencing its use, he never escaped a fit for more than three weeks together, whereas from the period when he first began to employ it, down to the present date, *i. e.* for upwards of five months, he has been exempt even from a slight attack, it seems fair to conclude, that the remedy has at least suspended the disease.

Should any one be disposed to imagine, that the means more commonly in use for producing and keeping up a discharge

would have proved equally beneficial in the case before us, I beg leave to remind him, that neither blisters nor seton were of the least avail.—*Lond. Med. Repository.*

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*Dr. RULLIER on the Destruction of a great Part of the Spinal Marrow.*

It was on the 5th October, 1822, that I was first called to visit M. L. then in the most deplorable state, and arrived at the most extreme degree of exhaustion and marasmus. The following were the symptoms that presented themselves:—The countenance was that of a rickety person,—it was thin, expressive of pain, and flushed; the size of the cranium and head formed a strong contrast with the smallness of the body; the neck and limbs were long and thin; the shoulders elevated and brought forwards, approaching the ears; and the vertebral column, evidently distorted, formed a slight incurvation in the upper and right side of the region of the back. Excepting the arms, including from the shoulders to the hands, all the parts preserved their powers of motion. The patient stood upright and walked. He was able, indeed, even a short time before his death, to go out without fatigue, and to be led, on several occasions, to the exterior Boulevards, where he took a short walk. Sustained by his nervous activity, he assured me that he felt himself strong. The arms of this patient were entirely stiff and contracted permanently, often painful, and always very troublesome; they were turned inwards, and as it were applied to the sides, from whence they could not be removed without a certain degree of effort. The fore-arm was in a state of pronation, and the hands bent. All the fingers were crooked: and, in his sleep, the nails would have injured the skin of the palm, if he had not taken the precaution, before going to rest, to put his hands one within the other, in such a way that the fingers mutually opposed the excess of their action. It was in this position that the patient kept his hands when awake, both by sitting up or lying down. The want of power in the arms was complete: nevertheless, with effort, and assisted in a singular manner, a pen being put between his fingers, M. L. was enabled to make his signature, by a sort of movement of locomotion, nearly of the whole arm. This contraction appeared particularly to belong to the upper limbs: it extended, however, to the muscles destined to move the arms towards the chest, and especially to the pectoralis major and minor. We could not decide exactly what degree of influence an analogous condition of



the intrinsic muscles of the walls of the thorax had upon his habitual difficulty of breathing, and the threatenings of suffocation which tormented him, and which, an hundred times in a day, disturbed his repose or interrupted his sleep.

This condition of the arms placed this unfortunate patient in a state of the most complete dependence upon those who had the care of him. When he was lying down, he could not perform the slightest motion of the trunk of the body: thus his miserable existence was passed in intreating a change of posture—that he might be placed upright, or assisted out of his bed. He could not bear, without extreme pain, that the same point of the chest, the back, or the sides, should support the weight of his body for any length of time. The contracted parts preserved their sensibility to the touch. The hands only ceased to serve this purpose, because they could not move; but they were, as well as the rest of the limb, sensible to the difference of temperature, and to the slightest contact. When he was touched, the patient begged that it might be done with caution, because every sudden or continued movement, given to the diseased parts, produced pain.

M. L. bore his unfortunate situation with great impatience. His moral and intellectual faculties were in full force. His sleep was most painful, and perpetually interrupted by painful stitches, which were propagated from those parts of the body that sustained its weight, towards the chest, where they produced violent palpitations of the heart, and imminent danger of suffocation. The patient was also, upon awakening, menaced as it were with apoplexy; and he did not recover from this painful state until he was placed in a sitting posture, or until he left his bed to walk about the room.

The patient coughed and spat for some months; the expectoration tough and white, having all the external characters of cream, was produced with great difficulty. The arms contributed nothing to the expectoration; and the parietes of the thorax only preserved in part the freedom of their movements.

M. L. tormented besides by hectic fever, suffered frequent and irregular accessions and intermissions of this symptom. His nights passed usually in the most cruel torments: in the day, he was better. He felt himself relieved by a vertical position, and when neither the back nor loins suffered pressure; and he tried a thousand different methods to prevent the miserable effects that all continued contact produced. In the remissions, of more or less duration, the patient had scarcely any fever, very little thirst, and partook with pleasure of light aliments. His dejections were always, or generally, very laborious, accom-

panied with wind, sourness, and often violent colics. The constipation was continued, and most obstinate. The patient could not make the necessary efforts for expulsion, but with difficulty, and in an ineffectual manner. The urine, scanty and loaded, was discharged with facility. Frequent erections still existed, and but a little time had elapsed since the patient had ceased to have connexion ; the frequent want of which continued to be felt, with a remarkable degree of energy, almost to the day of his death.

A useless witness of these sufferings, I was not able to afford M. L. much relief. I lessened, by appropriate means, the phenomena of a gastro-intestinal irritation, which the tonic and antispasmodic medicines indiscreetly administered had brought on ; but I could not retard the progress of the pulmonary consumption, into which he had fallen. This unhappy patient had a long and painful struggle, and at length yielded to the accumulated evils which overpowered him, on the 31st of October, at two o'clock in the morning, twenty-five days after I had been first called in to see him.

The body, opened thirty hours after death, by MM. Piedagnel and Lecouteux, in the presence of M. Majendie, who wished to assist me at this operation, was not sensibly altered, although it had remained in a warm situation. Its extenuation was most complete. The chest and upper extremities were particularly remarkable in this respect. The arms appeared as if glued to the body, and were, as during life, turned inwards. The legs and feet were slightly œdematous. The vertebral column, the particular object of our examination, presented in the upper half of the dorsal region, a slight curvature outwards and to the right side, and which raised the corresponding shoulder. The remainder of the back was well formed ; the chest, very narrow, appeared still more so, in consequence of the elevation of the shoulders and the arms being brought forwards.

The adipose membrane had entirely disappeared. All the muscles were thin ; those of the lumbar region were soft, and of a deep red colour. The psoas muscles were of the same hue, and they were nearly fluid : they were, however, neither inflamed nor suppurated ; and we asked each other, how far this alteration in them accounted for those cruel pains which the patient had felt in the lumbar region, and especially on the right side. The brain was firm, very healthy, and contained a considerable quantity of serosity in the four ventricles ; and this appeared to be transferable, according to the position of the body, into the cavity of the arachnoid lining the spinal canal : at least, we could not detect the existence of the cul de sac formed by



this membrane, and which closes the fourth ventricle on this side. Nothing relative to the cerebellum appeared worthy of remark, nor could be connected with the prodigious generative power which had distinguished this patient.

The arachnoid membrane of the ventricles was very easily distinguishable; it appeared to be increased in thickness, but was not altered in transparency.

The canal of the spine was exposed along its whole extent, lifting up the spinous process and the vertebræ: the marrow did not suffer any sort of compression; it was merely contorted with the spine itself in the dorsal region. The cavity of the arachnoid contained a considerable quantity of serum, beneath the part of this membrane united to the marrow; the proper membrane of this last was seen spread over with a great number of blood-vessels, arteries, and veins, highly injected with blood.

The spinal marrow, examined carefully in its situation and from behind, appeared at its upper part to be quite natural, from its origin to the fourth pair of cervical nerves. The two lower thirds, also, of its dorsal portion were in an equally sound condition; but, between these two portions, that is to say, for an extent of about six or seven inches, including the space of the two inferior thirds of the cervical portion and the upper third of the dorsal, inclusive, and corresponding to eight or nine pair of nerves, a most marked alteration was perceptible:—the marrow was of a softness so nearly approaching to fluidity, that the canal appeared to be filled with a real liquid, which was carried either upwards or downwards, according to the direction given to the dead body; but this fluid, which in both instances swelled the enveloping membrane of the spine, stopped precisely at those parts of that organ which preserved their natural condition. A little opening made in the dura mater (of the spinal marrow), gave issue to a great quantity of liquid. When that membrane was cut open, the spinal marrow was seen covered with its proper membrane: it was of a reddish grey colour, very soft; it exhibited a sense of fluctuation; and, on opening its membrane, a liquid escaped, mixed with some little flakes of medullary matter. We afterwards opened this part of the cord largely by a longitudinal incision, which presented a long cavity, filled with a sort of reddish grey fluid, in which were spread a great number of capillary sanguineous vessels, of an extreme tenuity. Upon the anterior part of this altered portion, the medullary cords were with difficulty seen in relation with the corresponding roots of the spinal nerves. On the left side, the interrupted cord, for the space of an inch and a half, was only

marked by some lenticular portions of medullary matter, placed close to each other, in the line of its direction. This disposition appeared to us, probably, to have resulted from the escape of the matter which had taken place at this spot, in consequence of a small accidental opening made in the middle part of the membrane, or from the force employed upon the cords.

The marrow, detached and removed from its canal, was examined on its anterior surface. Here the alteration which we have described was a good deal less perceptible; the fluidity was not superficial, nor remarkable exteriorly; and the issue of the matter, in consequence of the incision that had been made, had diminished the volume, and removed all appearance of fluctuation. The medullary cords, corresponding to the origin of the threads of the anterior branches of the spinal nerves, were apparent, and did not show any interruption of their continuity, with the exception of the left side, which was altered as we have said. We traced them in the whole extent of the spinal cord, to the medullary tissue from whence they arise. An attentive dissection showed us that the disposition and structure of the original of the spinal marrow and its upper portion, down to the fourth pair of cervical nerves, presented nothing particular. Behind the inferior portion of the fourth ventricle, the posterior pyramids in front, the corpora pyramidalia, and olivaria, presented their usual configuration. In seeking carefully for the origin of the spinal nerve, we were convinced that the lower filaments of its origin corresponded evidently to the portion of the marrow that was destroyed.

The structure of all that part situated above the fourth pair of cervical nerves was sound; the medullary substance preserved its ordinary whiteness and consistence; but, below this point, this consistence and colour changed suddenly. It appeared as if the marrow was converted into a congeries of cells, filled with a pale rose-coloured serum, as far as the sixth pair of cervical nerves; at which place there existed only a large cavity, whose limits were formed by the vascular and serous membranes of the cord, and by the remains of the medullary matter. This disorganization was remarked as low as the fourth pair of dorsal nerves, and the alteration terminated in the form of a cone in the midst of the medullary substance, which appeared then with its usual properties.

The eight lower inches of this organ presented no alteration. Some nerves were dissected and pursued; those of the brachial plexus in particular, as corresponding to the disorganized part: they were found, as well as their ganglia, unaltered.—*London Med. and Physical Journal.*



## IV. MATERIA MEDICA AND PHARMACY.

## Dr. JOHN HUME on Cotton Down applied to Scalds.

I am not aware that it is generally known that cotton down has been used successfully as an application to burns and scalds. It is only a few days since I saw an instance of it, for the first time. A boy, seven years old, had several gallons of boiling water thrown over him, by which he was scalded from the back of his head down to the sacrum, and over the whole of his breast and right arm. In taking off his clothes, all the cuticle was separated from the skin, and the surface left raw. This was immediately bedded with cotton down, and the boy laid on his back in bed, where he lay in a state of insensibility for some days. Whenever matter began to appear through the cotton, it was removed by soaking it with warm water or hog's lard, and fresh cotton was applied. I saw him by chance seven weeks after the accident, when his arm and a great part of his body were healed; and wherever this had happened, the skin was of its natural colour and consistence, and had not the slightest appearance of having been ulcerated. How long this practice has been used here, I do not know. I thought it worth mentioning, as there used to be a prejudice against cotton as an application to sores.—*Quar. Jour. of For. Med. and Surg.*

M. DUROZIER'S *New Method of preparing Nitric Ether.*

M. Durozier placed a tubulated retort, containing about six pints, in a sand bath; the neck entered directly into a serpentine tube, to the other end of which was adapted a receiver, placed in a vessel fitted to keep it cool. At the superior part of the receiver was a safety-tube, communicating with a flask containing a little alcohol, for the purpose of absorbing any ether which might escape. The apparatus being thus arranged, he took three pounds of alcohol at 36°, and mixed with it one pound eight ounces of nitric acid at 32°. The whole was introduced into the retort, and immediately after he poured twelve ounces of concentrated sulphuric acid upon it: the tube was adapted and secured with lute. Five minutes after the introduction of the sulphuric acid, ebullition became manifest; streaks of ether marked the sides of the retort; and soon after it flowed abundantly from the inferior extremity of the tube. When the ebullition had ceased, he removed the contents of the receiver, and found it to weigh twenty-three ounces; he then agitated it with an equal quantity of water, and, after standing for a moment, the ether floated pure and limpid at the top. When separated, it weighed ten ounces three drachms.—*Journal de Pharmacie.*

MEDICAL LITERATURE OF THE  
UNITED STATES.

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*Philadelphia Journal of the Medical and Physical Sciences.*

VOL. VI. NO. XII.

ART. I. *An Introductory Lecture to a Course of Pathology.*

By JOHN BELL, M. D.

It appears from an introductory observation of the editor, that a private school has been established in Philadelphia, for the purposes of Medical instruction. Among the teachers are Drs. Dewes, Chapman, Horner, and the writer of the present article, Dr. Bell. This paper contains an outline of the great objects which claim our attention as pathologists, and presents a rapid view of the most prominent causes, symptoms and effects of disease; we can only say that it is well written; that it displays considerable erudition and research and that it is well worth the attention of such as have access to the Philadelphia Journal.

ART. II. *Remarks on some of the Nervous Functions: more particularly on those of Respiration; illustrated by Experiments.*

By J. P. HOPKINSON, M. D.

This paper contains a repetition of some experiments of Mr. Charles Bell on the nerves, and a statement of the physiological axioms which those experiments appear to have established; as the accuracy of Mr. Bell's experiments has never been called in question, we do not perceive the necessity of repeating them, nor would we inflict unprofitable wounds upon the poor rabbits and kittens whose "portio dura" is entitled to our commiseration. The paper, however, is well written, and considering it as an inaugural thesis, highly creditable to the writer.

ART. III. *Anatomical Investigations.* By JOHN D. CODMAN, M. D.

This paper relates to the superficial fascia, which covers the abdomen, chest, &c.—which though it has generally been described as a number of disconnected fragments, scarcely reducible to order—the writer regards as one entire membrane,—“The fibrous membrane which covers the whole of the trunk, and a very considerable part of the extremities of the body, is one of the really important and perfectly simple structures,



which has been made difficult, solely by considering it in fragments, and describing these with most tedious minuteness—though without any compensating clearness of arrangement, or accuracy of detail.”

ART. IV. *Cursory Remarks on the comparative utility of Vesicatories and Rubefacients, in the treatment of Yellow Fever.*  
By W. C. DANIELL, M. D.

Dr. Daniel formerly entertained a high opinion of the utility of blisters in the treatment of fever, and prescribed them extensively and freely until frequent disappointments induced him to relinquish their use. After this, he discovered the superior efficacy of rubefacents; and the main object of the present paper is to recommend the latter. He has occasionally employed hot water, but as vesication is a frequent consequence, he has been habitually disappointed in his expectations of beneficial results. The irritants which he employs are mustard and capsicum, but in the yellow fever of the south, he gives a decided preference to the latter. “Considerable as are the powers of Cayenne pepper, and mustard plasters, prepared in the usual way, their efficacy is much increased, and their impressions upon the system rendered much more permanent, by the addition of spirits of turpentine. It is with this auxiliary, that I am in the habit of using these articles. They must be kept on until the whole depth of the skin is inflamed, and re-applied to the same surfaces from time to time, to sustain the impression first made. In many instances an application of twenty minutes, is sufficient to inflame the skin, though sometimes four, and even six hours are required—and I wish it to be understood, that it is of their qualities, when so prepared and applied, that I speak.”

ART. V. *On the Medical Topography and Diseases of a Section of Virginia.* By ALEXANDER SOMERVAIL, M. D.

There are many observations in this paper which the old may consult with interest, and the young with advantage. Dr. Somervail writes like a man who has grown wise by experience and cautious with age—he is skeptical respecting the remedial powers of certain fashionable remedies, and others he regards as manifestly injurious.

In the treatment of intermittents, he combines five grains of muriate of ammonia, with forty grains of cinchona and five drops of laudanum—a mixture which is said to have been singularly successful, both in his own practice and in that of his friend the late Dr. Baynham. After these fevers, he gives the muriate of iron, which contributes to the effectual restoration of

health, and to the prevention or removal of visceral obstructions.

ART. VI. *Remarks on the Obliteration of Wounded Arteries.*  
By JOHN BAXTER, M. D.

In this paper is discussed the question whether the healing of wounded arteries is uniformly attended with an obliteration of the arterial tube. The question is answered in the negative; and the authority of Petit, Searpa, and Dr. Merse is brought, in confirmation of this decision. This decision will not affect the common practice of securing wounded arteries by a ligature. "But though, as a general rule, it is necessary to tie every important artery opened, yet cases may and do occur, in which it is not possible to apply the ligature. In accidents to children it is peculiarly difficult, and distressing to parents, and pressure may be used often with as much utility. In particular situations, also, it may not be possible to apply a ligature even to large arteries when wounded, and to which a well regulated degree of pressure might effect a cure."

ART. VII. *Remarks on the use of Sanguinaria Canadensis in Acute Rheumatism.* By WILLIAM ZOLLIKOFFER, M. D.

There is perhaps no indigenous article of the materia medica so extensively employed in New-England, as the Sanguinaria. Dr. Zollickoffer has recorded four cases of its efficacy in Rheumatism; but as most of our readers are perfectly familiar with the virtues of the bloodroot, in rheumatism as well as in various other affections, which they are called upon to cure, we shall not detain them with a statement of Dr. Zollickoffer's experience."

ART. VIII. *An Examination of some Medical Doctrines, compared with those of Dr. Broussais.* By M. A. FODERA, M. D.

"By this doctrine," says Fodera, "the seat of diseases is, for the most part, better determined—the action of morbid causes more correctly appreciated—the treatment rests on surer and more precise grounds—and consequently, it is pursued with greater success. The cases in which general or local blood-letting should be employed, or where we should cause a revulsion in inflammatory disease, are fixed on a more solid and better established basis."

ART. IX. *Observations on Yellow Fever.* By B. WASHINGTON, M. D.

The present number of the Philadelphia Journal, contains



some remarks on yellow fever, by Dr. Daniell, and an essay by Dr. Washington on the same subject, which occupies nearly thirty pages. These writers are widely at variance with each other, both as it respects the pathology and treatment of that disease. We give an extract from each, and leave our readers to decide for themselves, if a decision they must have on a question which has been agitated for the last thirty years with uncommon zeal.

I have never, says Dr. Daniell, seen an inflamed stomach in the whole course of my numerous examinations. "Examining the liver, spleen, pancreas, &c. &c.—where are the traces of inflammatory action? Is coaguable lymph any where effused? If we seek for inflammation in the brain, shall we find it? What is to be deduced from the history of the treatment of the disease? Depleting remedies are used. But do they succeed? Bleeding, all admit, is at least unproductive of benefit. Do we evacuate the bowels? Two or three purges often prostrate the patient so low that we find it necessary to stimulate. Can stimulants ever be serviceable in inflammation? When great irritability of stomach, and constant retchings, exist, we give lime water, milk and other bland drinks, and these affections are increased. But exhibit a strong infusion of Cayenne pepper, and relief is afforded. Let there be much tenderness in the region of the stomach, cooling applications are of no avail; while Cayenne pepper, serpentaria, and sinapsisms relieve it."

Dr. Washington commences with an emetic and cathartic; after which, if the symptoms are not essentially alleviated, he resorts to the abstraction of blood. "In the outset of yellow fever, though our hands are applied often to the wrist, yet we can learn but little from its pulsations. We concur(?) with those who say, when the pulse is weak or strong, slow or frequent, regular or irregular, perceptible or imperceptible, bleed—plainly amounting to an acknowledgment that other criteria govern them. Thus far, however, we go with confidence, when the pulse continues steadily tense after the evacuations we have premised, though there may be no pain, still we would take away blood to the extent already proposed."

We like the concluding paragraph of Dr. Washington's paper. "Long since admonished of the danger, we follow not blindly the system of any one man or set of men, but respect all, and collate from all, reserving to ourselves the liberty to adopt, reject, or modify, the doctrines of others as our reason and judgment may determine. We have endeavoured as far as practicable to reconcile conflicting opinions, and to avoid extremes—aware of the truth of the aphorism that, "While gen-

eralities are barren, and the multiplicity of single facts presents nothing but confusion, the middle principles alone are solid, orderly, and fruitful."

ART. X. *On the Doctrine of Sympathy.* By J. D. GODMAN, M. D.

This paper includes the anatomical description of the sympathetic nerves, and some observations to show, that medicinal and noxious agents operate on the human system by an impression on their extremities. In a majority of instances this doctrine is unquestionably well founded ; but we do not see the necessity of concluding, because one agent acts exclusively on the nerves, that another cannot be absorbed. In this case also we would say with Lord Bacon, that generalities are barren, and that middle principles alone are solid, orderly and fruitful.

ART. XI. *Case of a Scirrhus Tumour of the Cæcum, mistaken for an Aneurism of the right external Iliac Artery.* By THEOPILUS E. BEEZELEY, M. D.

Dr. Beezeley was called to a patient, 22 years of age, whom he found labouring under violent palpitation of the heart, with pale countenance, weak pulse, impeded respiration, and costive bowels. He was requested "to examine a tumour, situated principally in the right iliac region. It felt hard and irregular to the touch, seeming to be made up of two, united by a line running parallel with the linea alba, and extended from Poupart's ligament, to about an inch above a line drawn from one anterior superior spinous process to the other, and from near the ilium to the linea alba, where its outline suddenly receded towards the spine. When the patient lay upon his back, the tumour projected only a very little distance above the natural level of the surface. There was considerable tenderness at the superior part of the tumour, at the edge of the lumbar region. There was no pulsation perceptible in it at this time, nor did I perceive any, until several weeks afterwards." An obscure pulsation was subsequently observed, which became so evident that the physicians pronounced the case to be aneurism. They discovered however, on dissection "a large tumour, occupying the whole of the right side, from the under side of the liver, down into the right iliac region, and extending over the spine into the left. On further examination this tumour was found to consist of about four inches of the ileum, the whole of the cæcum and five inches of the colon, in a scirrhus state, and the mesentric glands enormously large and indurated." The abdo-



minal and thoracic viscera were otherwise sound, and so were also the aorta and its branches.

ART. XII. *A Case exhibiting the ill consequences of a too long continuance of the elevated Position in chronic Inflammation of the Inferior Extremities.* By WILLIAM W. FENNELL, M. D.

For chronic inflammation of the lower limb, cold affusion, tight bandage and an elevated position were recommended. This practice was pursued with advantage; but at the expiration of two months the patient was unable to place his foot on the floor in consequence of vertigo, and pain which invariably came on when the foot was removed from its elevated position. This inconvenience was remedied by sawing off an inch from each leg of the foot stool every morning, by gradually loosening the bandage, and diminishing the cold affusion. By these means, the man was in a few days enabled to walk.

ART. XIII. *An Anomalous Case of Acute Rheumatism.* By Dr. G. W. KEMPER.

In this case a most extraordinary, and we do not hesitate to declare, a most dangerous practice was adopted. The patient, a female, forty years of age, was suffering severely from acute rheumatism. "I immediately drew about twenty-four ounces of blood from the arm, which made a considerable impression on the pulse, and abated the severity of the pain—I then gave her a cathartic of calomel and jalap, and left her about noon. In the evening I found her pain as violent as before, and her pulse full and hard as ever. Her medicine not operating, I repeated the dose, and drew about twenty ounces of blood, which again relieved her of the pain for a short time—but on the morning of the third day, though she had been purged freely, she was no better. I again drew about twenty-four ounces of blood, with the same effect as before—gave the dulcified nitre in some tepid drink, which, by being frequently repeated, produced and kept up a moderate diaphoresis during the whole day: in the evening I repeated the bleeding to about sixteen ounces. On the fourth, the pain was not so violent, and the swelling had left her right arm and hand entirely. But her pulse being very little diminished in force, I let sixteen ounces of blood, and again in the evening about the same quantity. On the fifth I bled her twice, about twelve ounces each time, and repeated the purge. On the morning of the sixth, she suffered little pain, and the swelling nearly disappeared from the joints. But thinking her pulse still retained too much force, I again drew about twelve ounces of blood. In about two hours after the last mentioned

bleeding, she was seized with faintness, followed by darting pains through the lungs, with very hurried and difficult breathing. There now appeared to be hardly any remains of the disease externally. I gave her small potions of laudanum and ether, which removed the faintness, without any relief of the hurried respiration."

Our limits will not permit us to accompany Dr. Kemper any further. It is sufficient to say, that although she was bled twice in addition to what is mentioned above, and "so debilitated as scarcely to be able to move a limb," the patient gradually recovered; and in two months "was able to walk across the room." The above is termed an anomalous case of acute Rheumatism: we should rather consider it a case of acute Rheumatism with "anomalous" treatment.

ART. XIV. *Case of Hemiplegia, successfully treated.* By Dr. PHILIP TIDYMAN.

The patient, a small slender black man 42 years of age, had generally enjoyed a great share of health. He was found labouring under a total privation of feeling and motion of the left arm, side and leg. Under the use of common remedies which appear to have been judiciously applied, he was soon restored to perfect health.

REVIEWS.

ART. XV. *Retrospective Review.* "*Gulielmi Harveii opera omnia: a Collegio Medicorum Londinensi edita* MDCCLXVI."

ART. XVI. RUBINI, *on Periodical Fevers.*

ART. XVII. *The history and method of Cure, of the various species of Palsy.* By JOHN COOKE, M. D. F. A. S. &c.

MEDICAL AND PHILOSOPHICAL INTELLIGENCE.

*Observations on the Effects produced by the Bile, in the process of Digestion.* By B. C. BRODIE, Esq. F. R. S. &c. &c.